

Application for Student Aid
Dakota-Montana District Student Aid Fund

Completed application should be returned by **Friday, November 13** to:

Mark Renner
Dakota-Montana District Parish Schools Coordinator
1200 2nd Street NE
Watertown, SD 57201

Applicant's Information

Name: _____ Birth Date: _____

Home Address: _____

Home Phone Number(s) _____

Name(s) of Parent(s)/Guardian _____

Occupation(s) _____

Dependent Children (other than child being applied for)

<u>Name</u>	<u>Age</u>	<u>School Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School Applicant is attending and grade level _____

Parent/Guardian Signature

Pastor's Signature

Date

Date