

**St. Michael Catholic School
Middle School Scholarship Application**

542 Cypress Avenue
Garden City, South Carolina
843-651-6795
www.saintmichaelsc.org

REGISTRATION FORM

To be completed by the family and submitted to the school

Part I: FAMILY INFORMATION

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

Mailing Address: _____ City: _____ Zip: _____

Street Address *(if different than above, no P.O. Boxes)*: _____

Email address: _____ Telephone: (____) _____

New Student Information

Name of Child: _____ Grade of Application: _____

Transferring from: _____

Name of Child: _____ Grade of Application: _____

Transferring from: _____

Name of Child: _____ Grade of Application: _____

Transferring from: _____

Part II: SCHOOL INFORMATION

School name: _____

School address: _____ City: _____ Zip: _____

Signature

Date

For Office Use Only

- I verify that the above child(ren) is eligible for a student scholarship.
- I verify that the family meets the income guidelines as specified.
- Need established by financial review: _____
- Amount of school assistance awarded: _____

School Administrator signature:

School Administrator name printed:

If you have any questions, please contact Sister Roberta Thoen

St. Michael Catholic School
542 Cypress Ave.
Garden City, South Carolina 29576

Part III: HOW TO APPLY

Please attach letters of recommendation, copy of transcript(s)
and entrance essay entitled
"Why I want to become a student a St. Michael Catholic School"
and submit to the school no later than May 1, 2009 to be eligible.