



# Cardinal Hickey Academy

A Regional School of the Roman Catholic Archdiocese of Washington

Community ~ Faith ~ Excellence

## 2024-2025 ACTIVE CATHOLIC PARISHIONER GRANT APPLICATION

**Please submit this for to your pastor for his signature (on the reverse) no later than March 1, 2024.**

Complete this application annually if you are current active parishioners seeking a grant for a student to attend our regional school. All information will be kept confidential and is reviewed by the school administration and regional pastors only.

### SECTION 1: FAMILY INFORMATION

(PLEASE PRINT)

#### 1) ACTIVE PARISHIONER NAME(S) AND CONTACT INFORMATION

Name of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Primary Email: \_\_\_\_\_

Father's Primary Email: \_\_\_\_\_

#### 2) DEPENDENTS: LIST ALL DEPENDENT CHILDREN

Child's Name	Grade for 2024-25	Current School	Which sacraments received? *

- To be considered, each student must be baptized Catholic.

3) REGISTERED PARISH: \_\_\_\_\_

#### 4) PARISH SUPPORT:

A) Please list the Mass you regularly attend for your Sunday Mass obligation: \_\_\_\_\_

B) Please list your Parish volunteer activities for 2023: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C) Please note how you regularly contribute: envelope # \_\_\_\_\_ or EFT (electronic funds transfer) \_\_\_\_\_

D) Do you financially support the parish by making regular contributions? Yes \_\_\_\_\_ No \_\_\_\_\_

E) If no, please explain: \_\_\_\_\_

F) Do you support the Archdiocesan Annual Appeal? Yes \_\_\_\_\_ No \_\_\_\_\_

G) If no, please explain: \_\_\_\_\_

CHA is only able to offer an Active Catholic Parishioner Grant provided:

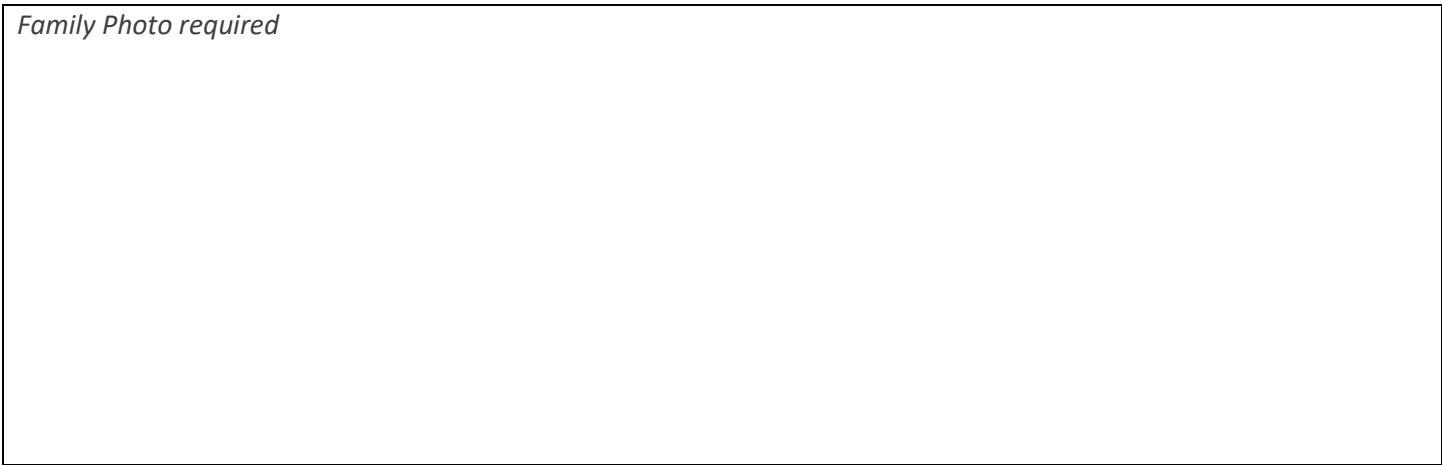
- Family is registered in a Catholic parish
- Students are baptized Catholic and being raised in the faith
- Catholic parents and students regularly fulfill their Sunday Mass obligation
- Family actively participates in the life of the Church

If these requirements are not evident, I understand my pastor is not obligated to approve this application.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

Family Photo required



**SECTION 2: TO BE COMPLETED BY THE PASTOR**

\_\_\_\_ We are pleased to inform you that your request for an Active Catholic Parishioner Grant has been approved. Thank you for being an active member of our parish.

\_\_\_\_ We regret to inform you that your request for the Active Catholic Parishioner Grant has been denied due to lack of activity within the parish. If you are interested, please contact the pastor to discuss how to rectify this situation.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

Parish Seal

Date received by Parish: \_\_\_\_\_