

reaistered parishioners.



SAINT MICHAEL CATHOLIC SCHOOL

www.saintmichaelparish.life/school 16 West Wilhelm Street Schererville, Indiana 46375 (219) 322-4531

SF-1 St. Michael the Archangel Parishioner Status 2024-2025

Note: Parishioners of a neighboring parish please use the SF-2 Scholarship Form for Neighboring Parishes

In order to be eligible for an Archangel Scholarship to assist a student/family in satisfying the balance of their tuition, the said student/family must be an active parishioner of St. Michael the Archangel Parish. This form is to verify the level of parish membership by a student/family.

This form must be turned in by June 30, 2024.

The definition of an active parishioner at Saint Michael the Archangel Parish is as follows:

- Your family is committed to supporting this parish with their time, talents and treasure. This includes, not only volunteering for the good of St. Michael School, but also in the many good ministries and works of the parish.
- Your family attends Sunday Mass weekly and contributes to the parish using their Sunday ٠ contribution envelope. This financial contribution should reflect how your family has been blessed by God. If you are unable to contribute, your empty envelope should still be placed in the collection on Sunday, it will indicate your attendance at Mass.
- If you need to attend Sunday Mass elsewhere the student/family will have the priest sign the bulletin of the parish attended and return it to the school office on Monday morning.

To document your understanding of what it means to be an active f please complete the following:	family at St. Mic	hael the Archangel Parish
Family Name: <i>Please type or print</i> 3	Envelope #	
Student(s) name(s) and grade level:		
1) Are you and your child(ren) registered with the parish office	ce? YES	4 NO
 Does your family regularly attend Mass at St. Michael's and use your contribution envelope, even if empty? 	YES	NO
 Does your family live within the boundaries of the Diocese of Gary? (within the Indiana Counties of Lake, Porter. LaPorte, or Sta 	arke) YES	NO
If NO is an answer to any of these questions, please explain on the reverse side of this page.		
Please indicate any Parish ministries or organizations or School ser	rvice your studen	t(s)/family is active in:

My signature below indicates I have read and understand my responsibilities as a paristioner of St. Michael the Archangel Parish, and I understand that my responses will be confirmed.

Signature

Date

FORM SF-1 MUST BE TURNED IN BY JUNE 30, 2024 TO BE CONSIDERED FOR A POSSIBLE ARCHANGEL SCHOLARSHIP TO OFFSET THE BALANCE OF TUITION

SF-1 St. Michael the Archangel Parishioner Status Form

Instructions for Completion by Parents

Note: Parishioners of a neighboring parish please use the SF-2 Scholarship Form for Neighboring Parishes

In order to be eligible for an Archangel Scholarship to assist a student/family in satisfying the balance of their tuition, the said student/family must be an active parishioner of St. Michael the Archangel Parish. This form is to verify the level of parish membership by a student/family.

- 1. **Family Name:** Please type or print the name of the family of the student in St. Michael School. Your family is committed to supporting this parish with their time, talents and treasure. This includes, not only volunteering for the good of St. Michael School, but also in the many good ministries and works of the parish.
- 2. Envelope #: Please type or print the number assigned to your family Sunday contribution envelopes. The eligibility for the Archangel scholarship requires the family attends Sunday Mass weekly and contributes to the parish using their Sunday contribution envelope. This financial contribution should reflect how your family has been blessed by God. If you are unable to contribute, your empty envelope should still be placed in the collection on Sunday, it will indicate your attendance at Mass. If you need to attend Sunday Mass elsewhere the student/family should have the priest sign the bulletin of the parish attended and return it to the school office on Monday morning.
- 3. **Student(s) Name(s) & Grade Level:** Please type or print the students in your family attending St. Michael School during the 2024-25 School Year.
- **4.** Family Parish Support Section: Please circle the appropriate YES or NO answer to the family parish support questions.
 - a. Are you and your child(ren) registered with the parish office?
 - b. Does your family regularly attend Mass at St. Michael's and use your contribution envelope, even if empty?
 - c. Does your family live within the boundaries of the Diocese of Gary? (within the Indiana Counties of Lake, Porter. LaPorte, or Starke)
 - d. If NO is an answer to any of these questions, please explain on a separate side of form SF-1.
- 5. **Parish Ministries Involved or School Service Activity:** Please indicate any Parish ministries or organizations or School service your student(s)/family is active in.
- 6. **Signature:** Please sign your name as the Parent. Your signature indicates you have read and understand your responsibilities as a parishioner of St. Michael the Archangel Parish, and understand you're your responses will be confirmed.
- **7. Date:** Please indicate the date you are signing and acknowledging your responsibilities as a parishioner of St. Michael the Archangel Parish.

*****FORM SF-1 MUST BE TURNED IN BY JUNE 30, 2024 TO BE CONSIDERED FOR A POSSIBLE ARCHANGEL SCHOLARSHIP**

TO OFFSET THE BALANCE OF TUITION***

Question/concerns: Please contact Deacon Gary Wolfe, Scholarship and Grant Coordinator at 219-322-4505 ext. 8222.