



## Legacy Project Grant Application

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School year in which you are applying for \_\_\_\_\_

- I have completely filled out St. Casimir Catholic School Application or I am planning to re-enroll my student. **Yes or No**
- I have completely filled out a FACTS Financial Aid Application. **Yes or No**
- I am requesting financial aid thru the State of Maryland and have filled out a BOOST Scholarship Application. **Yes or No**

I am interested in a Catholic Education for my child at St. Casimir Catholic School because:

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Parent or Guardian Name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

***Please email this completed form to [admissions@stcasimirschool.us](mailto:admissions@stcasimirschool.us)***