

STUDENT APPLICATION FORM

SARAH M. TORRANCE EDUCATIONAL ASSISTANCE FUND

Diocese of Eau Claire
510 South Farwell Street
Eau Claire, WI 54701

Name _____ Age _____

Address _____

Telephone _____

School of Attendance _____

Assistance is being requested for:

Tuition \$ _____

Books \$ _____

Other \$ _____ (Please state category: _____)

Please describe briefly basis of financial need: (Continue on reverse side if necessary)

Signature: _____

Date: _____

Please return form to above address.

Office use only:

Approved by: _____

Amount: \$ _____

Date: _____