

Work Ethic Grant Application

Diocese of Lincoln

Student Info

First Name _____
Last Name _____
Grade _____
High School _____

Parent(s) / Guardian(s)

Father _____
Mother _____

By submitting this application and associated time card records, I acknowledge receipt of the Work Ethic Grant guidelines and attest that the time card records are an accurate and honest reporting of the hours worked and the work performed.

Signed:

Student _____
Parent/Guardian _____
Parent/Guardian _____
Date _____

School Acceptance of Application Form

School Official's Name: _____

School Official Signature: _____

Date: _____

