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: _____