



VILLA MARIAACADEMY

Empowering Young Women through Leadership and Service in the IHM Tradition

Due date – January 29, 2026

Please return completed form to the VMALS Finance Office
Attention: Mrs. Lisa McDonald – lmcdonald@villamaria.org

Grant Application 2026-27 Academic Year

Family Name: _____

Name of Oldest Child at VMALS: _____

Current Grade and Homeroom _____

Step-Up to Kindergarten Grant – (\$1,000) – For families who are enrolling a child from Villa’s PreK Program to Villa’s Kindergarten Program.

Legacy Grant – (\$1,000) – Mother attended K-8 and graduated from VMALS.

Mother’s Name (include maiden name) _____

Year of graduation from VMALS _____

Loyalty Grant – (\$1,000) – Sister currently attends Villa Maria Academy High School OR Brother currently attends St. Aloysius Academy (\$1,000 maximum award to one family)

**Sister’s Name _____ 2026-27 Grade at VMAHS _____
OR**

Brother’s Name _____ 2026-27 Grade at SAA _____

Referral Discount - (\$1,000)

Name of Student/Family You Have Referred _____

The family you have referred must provide written verification to lmcdonald@villamaria.org by April 30, 2026 identifying you as the primary reason for enrolling their child at VMALS. The incoming student must be enrolled for at least one school year and registered for the following school year (referral discount is on a one school year delay).



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- IHM Grant for CURRENT families already receiving this grant for the 2025-26 school year and prior years – First child only - (\$2000)**
For current families whose sister or aunt is a living member of the IHM Sisters of Immaculata, PA.

- IHM Grant for NEW families enrolled for the 2026-27 school year – Grades 1 to 8 only – First child only – (\$1500)**
For new families whose sister or aunt is a living member of the IHM Sisters of Immaculata, PA.

IMPORTANT NOTE: The students in the Early Childhood Program and the students in the Kindergarten Program are not eligible for the IHM Grant.

If applying for the IHM grant, the only other grant opportunities available to you are the sibling grant (if applicable), no other grants on this form are available.

Contact information for the IHM Sister:

Name of Sister _____

Address _____

Relationship to Sister _____ Aunt _____ Sister _____

- Sibling Grant - For families who enroll more than one student at VMALS in grades 1 to 8. Does not apply to Kindergarten siblings or siblings enrolled in the Early Childhood Program. Please check all that apply.**
- Second Child Grant (\$1250) – Name _____
Current Grade & Homeroom _____**
- Third Child Grant (\$1800) – Name _____
Current Grade & Homeroom _____**



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Institutional Discounts:

Applies to first or only child at VMALS.

A letter certifying employment must be provided to lmcdonald@villamaria.org by May 15, 2026.

Employee at Villa Maria Academy Lower School

Employee Name/Position: _____
_____**Full-time** ____**Part-time**

Grandparent Employee at Villa Maria Academy Lower School

Employee Name/Position: _____
_____**Full-time** ____**Part-time**

Employee (full-time only) at Villa Maria Academy High School

Employee Name/Position: _____

Employee (full-time only) at Immaculata University

Employee Name/Position: _____

Employee (full-time only) at St. Aloysius Academy

Employee Name/Position: _____

Employee (full-time only) at Camilla Hall

Employee Name/Position: _____

****DEADLINE FOR FINANCIAL AID APPLICATIONS**

THROUGH FACTS TUITION WAS 12/31/25**

Signature of Parent: _____ **Date:** _____