



SCHOOL YEAR: _____ to _____

APPLICATION FOR BEACON OF HOPE SCHOLARSHIP

(TO BE FILLED OUT BY PARENT/GUARDIAN)

IMPORTANT: In order for a student to be eligible for a Beacon of Hope Scholarship, the family must also fill out the **FACTS Grant & Aid Assessment at online.factsmgt.com/aid**. Paper applications are also available in your school's office. All applications are due to the school principal by April 8th.

Catholic School:

City:

Name of Student: (First, Middle, Last)

Street Address:

City:

State:

Zip:

Sex: (circle) M F **Ethnicity:** (optional)

Religion: (open to children of all faiths)

Anticipated grade level in above school year:

(check one)

- Returning Catholic School Student**
 First Year Catholic School Student

Please list the Catholic School(s) attended in the past: (if applicable)

Names of Parents/Guardians:

How many members in the family?

How many adult members are working?

Name the occupations of all employed family members:

How many school-age children are in the immediate family?

Pre-K & K:

Grades 1-5:

Grades 6-8:

High School:

College:

Please describe the reasons why your family is applying for this scholarship:

(Feel free to attach a separate sheet if needed)

Parent/Guardian Signature:

Date: