2009-2010 SCHOOL YEAR

APPLICATION FOR BEACON OF HOPE SCHOLARSHIP

TO BE FILLED OUT BY PARENT/GUARDIAN

IMPORTANT

In order for a student to be eligible for the Beacon of Hope Scholarship the family must also fill out the FACTS Grant & Aid Assessment at www.factstuitionaid.com or by paper application (available at school) by April 15, 2009.

Catholic School: Notre Dame-Bishop Gibbons **City: Schenectady**

Name of Student:
First: Middle: Last:

Address:
Street: City: State: Zip:

Sex: M F Ethnicity (optional): Religion:

Grade level in 2008-2009 school year:

Please check one: ___Returning Catholic School student ___First Year Catholic School Student

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

Names of Parents/Guardians:

How many members in the family? _____ How many members are working? _____

Name the occupations of all employed family members:

How many school-age children are in the immediate family?
Pre-K and K: _____ Grades 1-5: _____ Grades 6-8: _____ High School: _____ College: _____

Please describe the reasons why your family is applying for this scholarship for your child (Feel free to attach a separate sheet or continue on back):

_____
_____
_____
_____
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_____
_____
_____
_____

Parent/Guardian Signature: _____ **Date:** _____

2009-2010 SCHOOL YEAR

PRINCIPAL RECOMMENDATION FORM

TO BE FILLED OUT BY PRINCIPAL	
School: Notre Dame-Bishop Gibbons Grade Levels: 6-12 Principal: Michael Piatek Phone: 393-3131	**Current Tuition Rates** Single Student: 2 per family: 3+ per family: Out of Parish/Non-Catholic: Cost-based/Needs-based:

Student Name:

How long has the student been enrolled at the school? _____ years ____ the student is new

Does the student qualify for free or reduced lunch? ___Yes ___No ___N/A

On a scale of 1-5 (1 being the lowest, 5 being the strongest) please rate the student's financial need

1 2 3 4 5

On a scale of 1-5 (1 being the lowest, 5 being the strongest) please rate the family's demonstrated commitment to Catholic Education. If the student is new, please disregard this section.

1 2 3 4 5

Comments
This space may be used for any additional information about the student and his/her family that the principal feels should be taken into consideration during the selection process.

_____
_____
_____
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_____
_____

Principal Signature: _____ **Date:** _____

Please Note: Completed applications are due to the Catholic School Office by April 15, 2009