2010-2011 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, 2010.

Catholic School: Notre Dame – Bishop Gibbons High School **City: Schenectady**

Name of Student:
First: Middle: Last:

Address:
Street: City: State: Zip:

Sex: M F Ethnicity (optional): Religion:

Anticipated grade level in 2010-2011 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:** _____