



2009-10 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: Saratoga Central Catholic

City: Saratoga Springs

Name of Student:

First:

Middle:

Last:

Address:

Street:

City:

State:

Zip:

Sex: M F

Ethnicity (optional):

Religion:

Grade level in 2009-2010 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):

Parent/Guardian Signature: _____ Date: _____

PRINCIPAL RECOMMENDATION FORM

TO BE FILLED OUT BY PRINCIPAL

School: Saratoga Central Catholic
Grade Levels: 6-12
Principal: Christopher Signor
Phone: 587-7070

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.

Principal Signature: _____ **Date:** _____

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