



Facts about the Beacon of Hope Scholarship Fund

Eligibility: All students in grades 1-12 are eligible as long as they are enrolled in an Albany Diocesan elementary or secondary school. The scholarship is awarded in the amount of \$1,500 for one school year. To be considered for a Beacon of Hope Scholarship, families must apply annually.

Application Process: The application process is broken down into the following steps:

- Required completion and verification of the FACTS Grant & Aid Assessment at online.factsmgt.com/aid (accessible via the school website).
- Completion of the Beacon of Hope Parent/Guardian Application Form submitted by the family requesting scholarship support delivered to the principal by April 1st (accessible via the school website).
- Completion of the Beacon of Hope Scholarship Recommendation Form from the school principal completed and delivered to the Catholic School Office by April 15th. Once this process is completed the Catholic School Office and the Diocesan Scholarship Committee reviews the applications. If just one of these steps is incomplete your application cannot move forward. Incomplete applications will not be reviewed. **Deadline to Apply:** Principals collect the applications from the families by April 1 and submit them to the Catholic School Office with their recommendations by April 15th. **Selection Process:** The Diocesan Scholarship Committee reads through and scores all applications and determines the recipients. **Notification:** The selection process is completed in May. Schools are then sent a list, and all families receive a letter indicating whether or not they received the award. In late

September the schools are sent a list again to verify if students have returned. If they have not, an alternate recipient is selected by the Diocesan Scholarship Committee and the family and school are notified.



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 1st.

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| 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) | | <input type="checkbox"/> Returning Catholic School Student | |
| | | | | <input type="checkbox"/> 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: | |