



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](http://online.factsmgt.com/aid)**. Paper applications are also available in your school's office. All applications are due to the school principal by April 1<sup>st</sup>.

**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:**