



School Year _____ to _____

APPLICATION FOR SUSTAINING HOPE FOR THE FUTURE SCHOLARSHIP

(TO BE COMPLETED BY PARENT OR GUARDIAN)

Important: In order for a student to be eligible for a Sustaining Hope for the Future Scholarship, the family must verify annual income with a copy of their 1040 or provide a copy of the FACTS Grant and Aid Assessment at online.factsmgt.com/aid. Applications without verification will not be considered. All applications are due to the school principal no later than May 15, 2020.

Catholic School:

City/Village:

Student Information:

Name of Student (First, Middle, Last):

Grade Level (as of 9/2020):

Street Address:

City:

State:

Zip:

Name of Parents/Guardians:

How many members in the family household?

How many adult members are working?

How many school-age children are in the immediate family?

Birth-Pre-K _____

Grades K-6 _____

Grades 7-8 _____

Grades 9-12 _____

Family Receives Public Assistance (circle)

YES

NO

Describe the reason(s) why you are applying for this scholarship (attach a separate sheet if needed):

Parent/Guardian Signature:

_____ Date: _____

I have reviewed the application for accuracy.

Principal Signature:

_____ Date: _____