



## 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 August 15, 2020.

Catholic School:			City/Village:	
Student Informati	on:			
Name of Student (First, Middle, Last):			Grade Level (as of 9/2020):	
Street Address:	City:		State:	Zip:
Name of Parents/0	Guardians:			
How many members in the family household?			How many adult members are working?	
How many school-	age children are in the imn	nediate family?		
Birth-Pre-K	Grades K-6	Grades 7-8 _	Grad	es 9-12
Family Receives Pu	ublic Assistance (circle)	YES	NO	
Describe the reaso	on(s) why you are applying	for this scholarsh	nip (attach a sepa	arate sheet if needed):
Parent/Guardian S	Signature:			
			Date:_	
I have reviewed th Principal Signature	ne application for accuracy.			
			Date:	