

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 August 15, 2020.

Catholic School:		City/Village:			
Student Information:					
Name of Student (First, Middle, Last):			Grade Level (as of 9/2020):		
Street Address:	ress: City:		State:	Zip:	
Name of Parents/Guardi	ans:				
How many members in the family household?			How many adult members are working?		
How many school-age ch	nildren are in the imme	ediate family?			
Birth-Pre-K	Grades K-6	Grades 7-8	Grad	des 9-12	
Family Receives Public A	ssistance (circle)	YES	NO		
Describe the reason(s) w	/hy you are applying fo	r this scholarshi	p (attach a sep	parate sheet if needed):	
Parent/Guardian Signatu	ıre:				
			Date:		
I have reviewed the app Principal Signature:	lication for accuracy.				
			Date:		