

Catholic Education Foundation



CONFIDENTIAL

Scholarship Application

Print clearly

Date of Application _____

How did you hear of Catholic Education Foundation?

CEF Website Internet Media Friend/Referral _____

Name of Student _____ Grade _____ Age _____

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Has student made First Holy Communion? No Yes, when _____

Has student received Confirmation? No Yes, when _____

Scholarship amount requested (be specific) \$ _____ semester year

Scholarship to be applied to (name of school) _____

Grade _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Person _____

What is annual school tuition? \$ _____ per year per semester

What is total household income? \$ _____

Student's Current School _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Why are you motivated to keep your child in Catholic school ? (use separate sheet if more space is needed) _____

What is the purpose of scholarship (use separate sheet if more space is needed) _____

Why does student need this scholarship? (use separate sheet if more space is needed) _____

For what other scholarships or grants are you applying ? Please include amounts

Student honors, awards, extracurricular activities (use separate sheet if necessary)

To what parish does family belong? Name _____ Location _____

Do you attend Mass on Sundays and on Holy days of Obligation? Yes No

Parent's Faith _____ Parent's Faith _____

Name of Parent _____ Name of Parent _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Job Title _____ Job Title _____

Parent Employer _____ Parent Employer _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Are parents paying tuition for other children ? ___ No ___ Yes

If yes, for how many children ____ What are their age/s _____

What School/s _____

UNUSUAL CIRCUMSTANCES: Check all that apply and explain below or on separate sheet

- Loss of job
 - Recent Separation/Divorce
 - Change in family living status
 - Change in work status
 - College expenses
 - Bankruptcy
 - Income reduction
 - Illness or injury
 - Death in the family
 - Shared custody
-

- Medical/Dental expenses
- High debt
- Child support expenses
- Shared tuition
- Other

COMMUNITY SERVICE

Would your child be willing to provide service to the Catholic community in exchange for scholarship? _____ Yes _____ No; if not, why _____

Where age appropriate, would your child be willing to work to match scholarship amount given? _____ Yes _____ No; if not, why _____

REFERENCES

Kindly provide the following:

- 1) Reference from the Principal/President of school student will attend
- 2) Verification of grades from current school

THANK YOU!

Your application is confidential and information is not shared with any party outside the Catholic Education Foundation. CEF is a 501 © 3 non-profit organization

PLEASE KEEP COPY OF APPLICATION FOR YOUR RECORDS

Kindly complete and return to Catholic Education Foundation
 500 Linden Oaks, Rochester, NY 14625 FAX: 585 899 1265 Phone: 585 899 1245
 email: dxb@catholiceducationfoundation.com

For Office Use Only

Application Received on _____

Family Interview date with CEF _____

Scholarship Requested \$ _____ Amount Awarded \$ _____

Declined /Reason _____

Check sent to recipient school on _____

Letter sent to parent/guardian on _____