

Parents,

Please share with the committee your financial need for this scholarship. Include information and details that show the critical nature of your financial situation. It is important to emphasize any major change in your situation during the previous year. This information remains *confidential* by the committee.

I declare that all information given to the Bishop's Catholic Schools Endowment Fund is to the best of my knowledge correct and complete. I agree, if necessary, to send additional information to support statements on the forms.

SIGNATURE OF PERSON COMPLETING THIS FORM: _____

PRINT NAME: _____

DATE: _____

RETURN BY FEBRUARY 3, 2017 TO YOUR SCHOOL PRINCIPAL.

ANY INCOMPLETE FORMS RECEIVED ARE NOT ELIGIBLE, so please ask your principal or their designated staff member for help in completing the packet if you have any questions.