

Office of Catholic Schools

Diocese of San Bernardino

DR. SAMUEL TORRES

Superintendent

MARIBEL ORTIZ,

M. A. Ed

Associate Superintendent

October 2023

Dear Parents,

The Bishop's Catholic Schools Endowment Committee is once again pleased to be able to award scholarships to students attending our schools. Each applicant is given serious consideration with top priority given to those most in need. Last year we had over 300 families apply for scholarships. We were able to assist over 100 families with awards between \$250 to \$1,000.

It is very important that all forms and information be completed in full. **Incomplete applications will not be considered.** Please consult with your principal or their designated staff member who will be able to assist you with completing the application. Please submit copies of documentation such as W2's, food stamp award notices, etc. Only copies should be submitted. Do not submit originals because documentation is not returned.

A summary of needed forms, information, and due dates are as follows:

First Step: By February 9, 2024

The applicant completes and turns in the following to the principal.

Pages 2 and 3: Financial Need and Evaluation Form

- Sections I through V completed in full
- Section VI Documentation (copies only)

Page 4: Letter with pertinent information. This must describe your financial need, especially if your situation has changed dramatically in the last year.

- Sign and date form

Final Step:

The principal will submit the entire application, including ***Principal's Confidential Report***, to the Office of Catholic Schools. The committee will seriously consider each application package, but there is no guarantee to receive funds. You will be notified by April 26, 2024 of our decisions.

Thank you for providing the Committee the opportunity to help.

Sincerely,

The Catholic Schools Endowment Committee



REVIEW BOARD USE ONLY		
	Score	Initials
1 st Reading		
2 nd Reading		
3 rd Reading		
Total Score		

THE BISHOP'S ENDOWMENT FUND FOR CATHOLIC SCHOOLS
Financial Need Evaluation Form
2024-2025 School Year

I. Family Information		
Family Name:	Name of Parish:	City Parish is in:
Home Address:		Apartment/Unit#:
City:	State:	Zip Code:
Cell Phone:	Home Phone:	Business Phone:

Check this box if aid was received last year.

School Information for Next Year

II. Dependent Information			
<small>GIVE THE FOLLOWING INFORMATION ABOUT ALL DEPENDENTS IN THE FAMILY. IF YOU HAVE MORE THAN SIX DEPENDENTS USE ANOTHER PAPER AND ATTACH IT TO THE PACKET.</small>			
1	Last Name:	First Name:	Current Grade:
	Age:	Name of School:	Tuition/Fees:
2	Last Name:	First Name:	Current Grade:
	Age:	Name of School:	Tuition/Fees:
3	Last Name:	First Name:	Current Grade:
	Age:	Name of School:	Tuition/Fees:
4	Last Name:	First Name:	Current Grade:
	Age:	Name of School:	Tuition/Fees:
5	Last Name:	First Name:	Current Grade:
	Age:	Name of School:	Tuition/Fees:
6	Last Name:	First Name:	Current Grade:
	Age:	Name of School:	Tuition/Fees:

FOR SCHOOL USE ONLY MANDATORY	
Application Packet (<u>4 pages</u>)	
Completed Hardship Letter (page 4 of the application packet)	
2023 W-2 (from all working Parents/Guardians)	
Copy of the Student's Transcripts	
Principal's Confidential Report	
Tuition History	

III. Parent/Guardian Information

CHECK OR PROVIDE ALL INFORMATION THAT APPLIES.

Parent A		Parent B	
Name:		Name:	
Age:	2023 Monthly Take Home (after taxes):	Age:	2023 Monthly Take Home (after taxes):
Relationship to Dependent(s):		Relationship to Dependent(s):	
Email Address:		Email Address:	
<u>Work Status:</u>		<u>Work Status:</u>	
Full Time	Part Time/Seasonal	Full Time	Part Time/Seasonal
Self-Employed	Full Time Homemaker	Self-Employed	Full Time Homemaker
Unemployed	Retired/Permanently Disabled	Unemployed	Retired/Permanently Disabled
Temporarily Disabled	Full Time Student	Temporarily Disabled	Full Time Student

IV. Family Assets/Expenses

<u>RESIDENCE</u>	Own	Lease/Rent	Other:
Monthly Mortgage/Rent		\$	
<u>LIST DEBTS</u>			
Description	Total Owed		Monthly Payment
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL	\$	\$	\$

If more entries are needed, submit a separate sheet.

V. Income

TOTALS RECEIVED FOR THE YEAR – JANUARY TO DECEMBER 2023

	Parent A	Parent B
1. Worker's Compensation	\$	\$
2. Unemployment Insurance	\$	\$
3. Welfare	\$	\$
4. Food Stamps	\$	\$
5. Social Security	\$	\$
6. Child Support	\$	\$
7. Alimony	\$	\$
8. Other:	\$	\$

VI. Documentation Enclosed

PLEASE PROVIDE COPIES FOR ALL THE FOLLOWING:

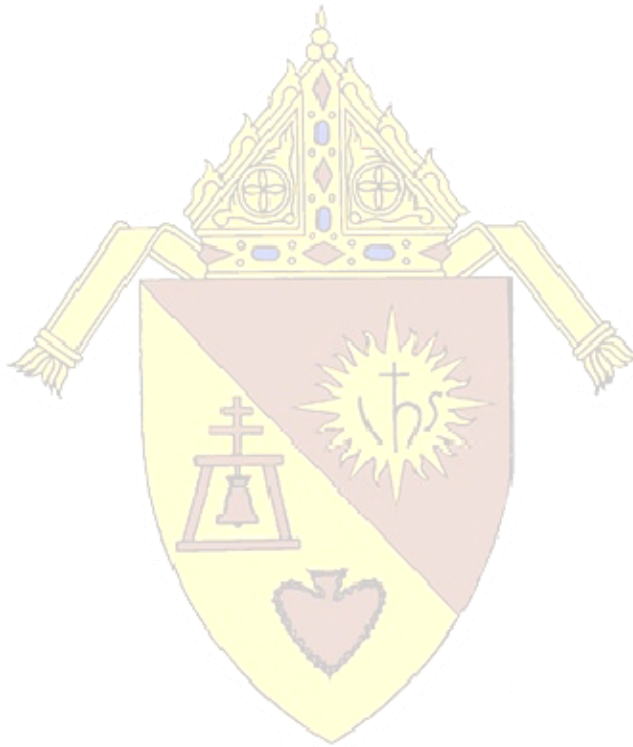
	Copy of the 2023 W-2 statement from each employer.
	Written explanation of significant differences in income between 2022 and 2023 **This is very important
	Welfare (AFDC) award notice (copy of recent check or letter from case worker; if applicable)
	Food stamp award notice (copy of recent check or letter from case worker; if applicable)
	Social security award notice (copy of recent check; if applicable)
	Unemployment award notice (copy of recent check or statement; if applicable)
	Worker's compensation award (copy of recent check or statement; if applicable)

REMEMBER:
Incomplete applications will not be considered

VII. Hardship Letter

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 give 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 ALL FORMS TO YOUR SCHOOL PRINCIPAL BY FEBRUARY 9, 2024.

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.