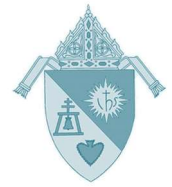


# Office of Catholic Schools

## Diocese of San Bernardino



**DIRECTOR**  
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Catholic Schools

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Mission & Catholic Identity

**OFFICE COORDINATOR**  
Maria Ramirez

December 2024

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 200 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 W-2'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 14, 2025***

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 mail on or about April 18, 2025 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 <sup>st</sup> Reading		
2 <sup>nd</sup> Reading		
3 <sup>rd</sup> Reading		
Total Score		

**THE BISHOP'S ENDOWMENT FUND FOR CATHOLIC SCHOOLS**  
**Financial Need Evaluation Form**  
**2025-2026 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:	Grade next school year:
Age:	Name of School:		Tuition/Fees:
2	Last Name:	First Name:	Grade next school year:
Age:	Name of School:		Tuition/Fees:
3	Last Name:	First Name:	Grade next school year:
Age:	Name of School:		Tuition/Fees:
4	Last Name:	First Name:	Grade next school year:
Age:	Name of School:		Tuition/Fees:
5	Last Name:	First Name:	Grade next school year:
Age:	Name of School:		Tuition/Fees:
6	Last Name:	First Name:	Grade next school year:
Age:	Name of School:		Tuition/Fees:

FOR SCHOOL USE ONLY		MANDATORY
Application Packet (4 pages)		
Completed Hardship Letter (page 4 of the application packet)		
2024 W-2 (from all working Parents/Guardians)		
Copy of the Students 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:	2024 Monthly Take Home (after taxes):	Age:	2024 Monthly Take Home (after taxes):
Relationship to Dependent(s):		Relationship to Dependent(s):	
Email Address:		Email Address:	
<b><u>Work Status:</u></b>		<b><u>Work Status:</u></b>	
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		\$	
<b><u>LIST DEBTS</u></b>			
Description	Total Owed		Monthly Payment
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL</b>	\$		\$

*If more entries are needed, submit a separate sheet.*

## V. Income

*TOTALS RECEIVED FOR THE YEAR – JANUARY TO DECEMBER 2024*

	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:*

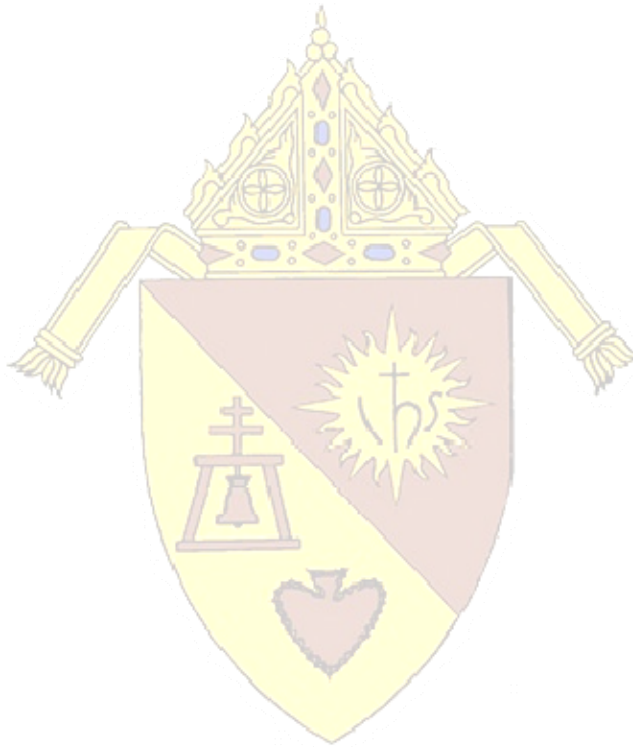
	Copy of the 2024 W-2 statement from each employer.
	Written explanation of significant differences in income between 2023 and 2024 <b>**This is very important</b>
	Welfare (AFDC) award notice (copy of recent check or letter from case worker; if applicable)
	Food stamp award notice (copy of recent check 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 14, 2025

**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.**