



## 2026-2027 Work Grant/Financial Aid Session Sheet

*Session sheets must be returned to the Bishop McGuinness Business Office prior to March 31, 2026. Applications received after the deadline will be considered late and funding and/or sessions may not be available.*

Student: \_\_\_\_\_ Enrolling Grade (2026-2027): \_\_\_\_\_

Parent(s): \_\_\_\_\_ Catholic: Y or N (circle one) Parish: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student date of birth: \_\_\_\_\_ Age as of 6/1/26: \_\_\_\_\_ Gender: M or F Phone: \_\_\_\_\_

\_\_\_\_\_ Person responsible for tuition (if different from above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Rank four (4) preferences for work-grant sessions below.** Use "1" for your first choice, "2" for your second choice, and so on. **AT LEAST ONE CHOICE MUST BE A NON-SUMMER SESSION.** Sessions are assigned based on availability and the needs of the Maintenance Department. If you have siblings you would prefer to be scheduled in the same session, check the box below. *Summer sessions may not be available for students under the age of 16 or incoming freshmen.* Time may NOT be split between sessions. ALL hours must be completed within the assigned session.

Yes, I have siblings enrolled at BMCHS and prefer that they be scheduled together.

Name of Sibling(s): \_\_\_\_\_

**Summer Sessions – Run Monday thru Friday 7:00 am – 3:30 pm (Bring your lunch)**

\_\_\_\_\_ First Summer Session June 1-12, 2026

\_\_\_\_\_ Second Summer Session June 15-26, 2026

\_\_\_\_\_ Third Summer Session July 6-17, 2026

\_\_\_\_\_ Fourth Summer Session July 20-31, 2026

**Non-Summer Sessions (select Fall or Spring)**

\_\_\_\_\_ Before School (7:00am-7:55am daily) \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester

\_\_\_\_\_ After School (2:55pm-3:55pm daily) \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester

\_\_\_\_\_ Saturdays (8:00am-Noon) \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note that if none of your preferences are available, a session will be assigned based on school needs.**

<b>Office Use Only</b>	
Date Received: _____	Date FACTS Grant/Aid App Processed: _____
Award: Yes No \$ _____	Date: _____ Letter Sent: _____