ARCHDIOCESE OF SANTA FE

Archbishop Michael J. Sheehan Scholarship

SCHOLARSHIP APPLICATION
SCHOOL YEAR 2023-2024

Name of Student: ________________________________

Name of School: ________________________________

Submission Date: ________________________________
ARCHBISHOP MICHAEL J. SHEEHAN SCHOLARSHIP

SCHOOL YEAR 2023-2024

ELIGIBILITY CRITERIA

- Catholic, in grades kindergarten to eight
- Presently enrolled in one of the Archdiocese of Santa Fe Catholic schools
- Demonstrated financial need
- Student models Catholic values and is in good standing academically and behaviorally
- Current household income profile completed on FACTS Grant and Aid

Scholarship Application

Applicants may apply for assistance for tuition and registration fees.

Completed applications must be postmarked before or on July 21, 2023.

All applications become the property of the Office of Catholic Schools.

Return completed application to:

Office of Catholic Schools
Archdiocese of Santa Fe
4000 St. Joseph Pl. NW
Albuquerque, NM 87120
ARCHBISHOP MICHAEL J. SHEEHAN SCHOLARSHIP
APPLICATION
SCHOOL YEAR 2023-2024

Name of Catholic School: ________________________________
Student’s Name: ________________________________
Address: _________________________________________
City/State/Zip: ______________________________________
Phone: _____________________________________________
E-mail Address: _____________________________________
Grade in 2023-2024: ________________________________
Parish: _____________________________________________
Parent(s)/Guardian: _________________________________
Address (if different from above): _______________________
City/State/Zip: _____________________________________
Phone: _____________________________________________
E-mail Address (optional): ____________________________
Are you receiving other scholarship assistance? Yes / No
If yes, explain ______________________________________
PARENT/GUARDIAN: PLEASE DESCRIBE YOUR LEVEL OF NEED AND UNIQUE CIRCUMSTANCE(S).

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Parent/ Guardian Name (Print)

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Parent/Guardian Signature  Date
STUDENT: WHAT DOES GOING TO A CATHOLIC SCHOOL MEAN TO YOU?

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Student Name (Print)

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Student Signature                      Date
ARCHBISHOP MICHAEL J. SHEEHAN SCHOLARSHIP

CERTIFICATION FORM

SCHOOL YEAR 2023-2024

Note: Applicant, please give this form to the school administrator to complete and sign. Include this form with your application packet for submission.

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________________</td>
</tr>
</tbody>
</table>

I, ________________________________, attest that the above student is

*Name of School Principal*

enrolled at

*Name of Catholic School*

and is in good standing behaviorally and academically.

Comments (if appropriate, use back of page):

<table>
<thead>
<tr>
<th>Signature of School Administrator</th>
<th>Position</th>
<th>Date</th>
</tr>
</thead>
</table>