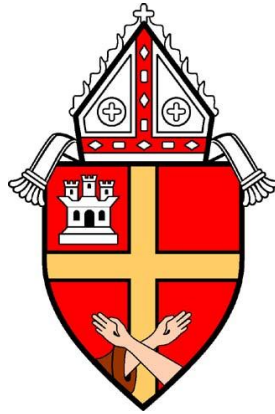


**ARCHDIOCESE OF SANTA FE  
NATIVE AMERICAN MINISTRY  
ST. KATERI TEKAKWITHA**



**SCHOLARSHIP APPLICATION  
SCHOOL YEAR 2024-2025**

**NAME OF APPLICANT:** \_\_\_\_\_

**NAME OF SCHOOL:** \_\_\_\_\_

**SUBMISSION DATE:** \_\_\_\_\_

**Submission Deadline: Friday, May 24, 2024**

# **ST. KATERI TEKAKWITHA**

## **SCHOLARSHIP INFORMATION**

The St. Kateri Tekakwitha Scholarship Program provides scholarships annually to deserving Native American students attending or soon to be attending Catholic school within the Archdiocese of Santa Fe. The Native American Scholarship Committee annually determines the number and amount of scholarships given as funding warrants. Scholarship amounts are generally received at the beginning of the school year by the appropriate Catholic School of which the student attends and is applied to tuition and/or registration fees.

### **ELIGIBILITY CRITERIA**

- Native American student, Catholic or non-Catholic, in grades kindergarten to twelve
- Enrolled or will enroll in one of the Archdiocese of Santa Fe Catholic Schools
- Plans to attend school for the entire academic year beginning in the fall
- Must have a C+ or better grade average
- **Valid Tribal ID**
- ***A completed application through the Grant & Aid Assessment in FACTS is REQUIRED for the school year 2024-2025***

### **FACTS GRANT & AID ASSESSMENT**

FACTS is an independent, third-party company that works with schools across the country to help evaluate family financial needs, allowing schools to award aid with confidence. The Archdiocesan Catholic Schools Office receives a confidential report outlining your financial situation based on the information obtained in your application and supporting tax documents. **The analysis completed by FACTS Grant & Aid Assessment serves as a recommendation only.**

## CATHOLIC SCHOOL CERTIFICATION FORM

The certification form confirms that the applicant will be or is a student at the Catholic school and has an overall grade average of C+ or better. The applicant must provide the certification form to the school administrator to complete and sign.

## SCHOLARSHIP CHECK-LIST

All St. Kateri Tekakwitha Scholarship Applications must include the following:

- FACTS Grant & Aid Assessment Application (completed via <https://online.factsmgt.com/SignIn.aspx>)
- Scholarship Application Form (pg. 4)
- Level of Need and Unique Circumstance Form (pg.5)
- Certification Form (pg.6)

**\*\*SPECIAL NOTE:** Incomplete applications **will not** be considered for the St. Kateri Tekakwitha Scholarship.

## SCHOLARSHIP APPLICATION

Completed applications must be received in the Native American Ministry Office by **Friday, May 24, 2024**, to be considered for the 2024-2025 school year. Mailed applications must be postmarked on or before **Thursday, May 23, 2024**. Applications may also be faxed, emailed, or dropped off at the Archdiocese of Santa Fe Catholic Center at the location mentioned below. All applications become the property of the Native American Ministry Office.

## RETURN COMPLETED APPLICATION TO: Native American Ministry Office

ASF Catholic Center: 4000 St. Joseph Pl, NW  
Albuquerque, NM 87120  
Fax: 505-831-8146  
Email: [szuni@asfnm.org](mailto:szuni@asfnm.org)

## QUESTIONS?

Please contact the Native American Ministry Office at 505-831-8104

**ST. KATERI TEKAKWITHA**  
**SCHOLARSHIP APPLICATION**  
**SCHOOL YEAR 2024-2025**

**NAME OF CATHOLIC SCHOOL:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**TRIBE AFFILIATION:** \_\_\_\_\_

**TRIBAL ID #** \_\_\_\_\_

**GRADE IN 2024-2025:** \_\_\_\_\_

**PARENT/GUARDIAN (1):** \_\_\_\_\_

**ADDRESS (IF DIFFERENT FROM ABOVE):** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL ADDRESS (optional):** \_\_\_\_\_

**PARENT/GUARDIAN (2):** \_\_\_\_\_

**ADDRESS (IF DIFFERENT FROM ABOVE):** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL ADDRESS (optional):** \_\_\_\_\_

**ARE YOU RECEIVING OTHER SCHOLARSHIP ASSISTANCE? YES / NO**

**IF YES, EXPLAIN** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**STUDENT NAME**

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**PARENT(S)/GUARDIAN NAME(S): (Print)**

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**PARENT(S)/GUARDIAN(S) SIGNATURE & DATE**

**ST. KATERI TEKAKWITHA**  
**SCHOLARSHIP CERTIFICATION FORM**  
**SCHOOL YEAR 2024-2025**

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

**STUDENT NAME:** \_\_\_\_\_

I, \_\_\_\_\_, affirm that the above student is  
Name of School Administrator

enrolled or will be enrolled at \_\_\_\_\_  
Name of Catholic School

and has an overall grade point average of C+ or better.

**Comments (if necessary use back of page):**

Signature of School Administrator	Position	Date