ARCHDIOCESE OF SANTA FE

NATIVE AMERICAN MINISTRY

ST. KATERI TEKAKWITHA

SCHOLARSHIP APPLICATION

SCHOOL YEAR 2026-2027

NAME OF APPLICANT: _____

NAME OF SCHOOL: _____

SUBMISSION DATE: _____

Submission Deadline: Friday, May 29, 2026

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 <u>REQUIRED</u> for the school year 2026-2027***

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 29, 2026,** to be considered for the 2026-2027 school year. Mailed applications must be postmarked on or before **Thursday, May 28, 2026**. Applications may be emailed, or dropped off at the Archdiocese of Santa Fe Pastoral 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
Pastoral Center
4000 St. Joseph Pl. NW
Albuquerque, NM 87120

Email: szuni@asfnm.org and mgarcia@asfnm.org

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

ST. KATERI TEKAKWITHA

SCHOLARSHIP APPLICATION

SCHOOL YEAR 2026-2027

NAME OF CATHOLIC SCHOOL: _____

STUDENT NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

TRIBE AFFILIATION: _____

TRIBAL ID # _____

GRADE IN 2026-2027: _____

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 _____

_____

_____

PARENT(S)/GUARDIAN(S) PLEASE DESCRIBE YOUR LEVEL OF NEED AND UNIQUE CIRCUMSTANCE(S) IN THE SPACE BELOW. PLEASE CONTINUE ON THE BACK OF THIS PAGE IF NECESSARY.

STUDENT NAME

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

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

ST. KATERI TEKAKWITHA

SCHOLARSHIP CERTIFICATION FORM

SCHOOL YEAR 2026-2027

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**