



Academy of Our Lady of Grace

400 Kamena Street, Fairview, NJ 07022
Telephone: 201-945-8300 Fax: 201-945-4580
Website: www.aolgfairview.org

AOLG Scholarship Application

This application and all attachments will be kept confidential. This application will be rejected if it is not executed in strict compliance with the instructions set forth in the attached letter of transmittal.

A. Applicant Information

Child's Name: _____ Grade: _____

Date of Birth: _____

Current Address: _____

Name of Parent or Guardian: _____

Parent/Guardian E-Mail Address: _____ Phone: _____

1. Have you applied for other scholarship money, grants or tuition assistance, and/or do you expect to receive such funds for the upcoming year? ____ YES ____ NO

2. If you answered yes to the above question, what amount are you expecting to receive? _____

a. Name of scholarship(s) you applied for _____

3. Describe your child's future goals or ambitions. _____

B. Academic and Extracurricular Activities

1. What is your annual cost of tuition? _____

2. Identify school activities in which your child participates, such as athletics, drama, music, newspaper, enrichment, etc.

3. What scholastic honors has your child received, if any? _____

4. List community or church activities in which your child participates. _____

C. Parents/Guardians Information

1. Father's Full Name: _____
2. Mother's Full Name: _____
3. Guardian's Full Name: _____
4. Parent or Guardian Home Address: _____
5. Parent or Guardian Telephone Number: _____
6. Present Occupation of Father: _____
Present Occupation of Mother: _____
7. Father's Annual Salary: _____ Mother's Annual Salary: _____
8. Number of other dependent children in your parent/guardian family. _____
9. How many of those children will be in a non-public high school or college next year? _____
10. Are any of those children in a non-public high school or college now? _____
11. Are there any serious health problems affecting family finances? _____

12. Describe a hardship that you may have encountered this year. _____

I authorize the Academy of Our Lady of Grace to release information concerning the applicant's character, reputation, scholastic ability, student activity and any other financial aid to representatives of the AOLG Scholarship Committee which may be necessary in the processing of this application.

Signature of Parent or Guardian

Date