

Academy of Our Lady of Grace

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

Mark Gobo 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
Cł	nild's Name: Grade:
Da	ate of Birth:
Сι	urrent Address:
Na	ame of Parent or Guardian:
Pa	arent/Guardian E-Mail Address: Phone:
1.	What is your annual cost of tuition?
Are you receiving other scholarship money, grants or tuition assistance, and/or do you expect to receive such funds for the upcoming year? YES NO	
3.	If you answered yes to the above question, what amount are you expecting to receive?
	a. Name of scholarship(s) you applied for
В.	Academic and Extracurricular Activities
1.	Identify school activities in which your child participates, such as athletics, drama, music, newspaper, enrichment, etc.
2.	What scholastic honors has your child received, if any?
3.	List community or church activities in which your child participates.

4.	Describe your child's future goals or ambitions.
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?
In	order for your application to be considered please make sure you:
	 Completed the entire application – all questions must be answered. Attached a copy of the 2nd trimester report card.
	 Attached the essay written by student (grades 4-8). Parent must write essay for grades K-3. Attached copies of all scholastic honor certificates.
	 Attached copies participation certificates, awards etc. as back up for items listed above.
re	uthorize the Academy of Our Lady of Grace to release information concerning the applicant's character, outation, scholastic ability, student activity and any other financial aid to representatives of the Mark Gobo cholarship Committee which may be necessary in the processing of this application.
	Signature of Parent or Guardian Date