



Academy of Our Lady of Grace

400 Kamena Street, Fairview, NJ 07022

Telephone: 201-945-8300 Fax 201-945-4580

Website: www.aolgfairview.org

2019-2020 AOLG Family Scholarship Fund Kindergarten – Grade 8

Dear Scholarship Applicant,

We are pleased you are interested in the AOLG Scholarship. This scholarship has been established to provide financial assistance to families who lead a good Christian life focused on knowledge, character, enthusiasm, and have encountered a hardship, but make Catholic education a priority.

Our local and school community raised money at our second annual golf outing. Through this scholarship, we hope to help families in need as there will be a number of scholarships awarded. The decision as to which applicants will be selected is determined exclusively from data submitted in the application. Therefore, it is very important that you carefully read the "Instructions" and "Requirements" which follow, and that your answers be complete, accurate and responsive.

These scholarships will be awarded in the amount of \$1,000 each and are to be used for tuition expenses for the 2019-2020 school year.

The attached application (including the listed requirements) must be submitted for consideration.

The Scholarship Committee will have the sole responsibility for selecting the recipients for the scholarship awards. All selected recipients will be notified in September.

INSTRUCTIONS:

1. Give detailed answers to all questions. If additional space is required, attach extra page(s).
2. Print your answers.
3. To be considered for a scholarship grant, this application must be returned to the Scholarship Committee by the **deadline date of June 1, 2019**. Failure to do so will result in the rejection of your application.

REQUIREMENTS:

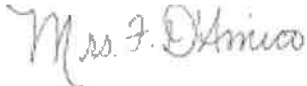
1. Attach a personally written statement detailing why you will be the best applicant for the scholarship grant and amplifying any data in the application.
2. Attach a copy of your 2018 W2 form.
3. Attach a copy of your child's recent school's report of grades.
4. Include any supporting information that you feel would benefit your application.

Complete the attached two (2) pages and return to:

**Academy of Our Lady of Grace
AOLG Scholarship
400 Kamena Street
Fairview, NJ 07022**

I would like to personally thank our golf committee and our local school community for their dedication towards the education of the students of the Academy of Our Lady of Grace.

Respectfully,



Mrs. Filomena D'Amico
Principal



Academy of Our Lady of Grace

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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? _____
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