

*Catholic High School  
Scholarship Program*

ARCHDIOCESE OF SAN FRANCISCO

Department of Catholic Schools

## INTRODUCTION

To insure that Catholic High School education is accessible to children who live in Marin, San Francisco, and San Mateo Counties, the Archdiocese of San Francisco has set up a financial aid program. The program is a cooperative effort of:

- Families
- Catholic High Schools
- Parishes of the Archdiocese
- The Department of Catholic Schools

## HOW THE PROGRAM WORKS:

Each participating Catholic high school has the **Scholarship Request Forms**. The young person's family obtains this form from the high school and completes the family portion (**Part I**) for each student applying. In addition, the family fills out a **Student Aid Form**, also available from the high school. Both forms must be submitted by February 8<sup>th</sup>. Unless otherwise directed by the high school, parents return the **Scholarship Request Form** to the school, and the **Student Aid Form** is mailed directly to Private School Aid Service.

The high school will also provide the applicant with a **Clergy Recommendation Form**. The applicant brings this form to his or her church. The Pastor or the Clergy returns the completed Recommendation Form to the applicant's high school.

After the Student Aid Form has been processed by Private School Aid Service, the high school will make a financial aid award from its own resources. The school will then submit the Scholarship Request Form and the Clergy Recommendation to the Archdiocese.

The Archdiocese's Department of Catholic Schools, gathers the completed application materials. Applicants submitted by the high schools are ranked on the basis of financial need and the recommendations of the high school and clergy. Within the limit of available funds, the Archdiocese will then award additional financial aid to supplement the assistance granted by the high school.

In April, all applicants, their high schools and their clergy are notified of the action taken by the Archdiocese on the applications. The Archdiocese is unable to provide financial aid to all students who apply. If a family is notified that the Archdiocese cannot provide assistance, the family should contact the high school for information about any additional assistance that may be available directly from the high school.

## CHECKLIST FOR APPLICANTS

### SCHOLARSHIP REQUEST FORM

Obtained from high school \_\_\_\_\_ (Date)

Returned to high school \_\_\_\_\_ (Date)

**NOT LATER THAN FEBRUARY 8<sup>th</sup>**

### STUDENT AID FORM

Obtained from high school \_\_\_\_\_ (Date)

Form completed

Proper fee and tax return attached to form.

Form submitted as directed by school

**NOT LATER THAN FEBRUARY 8<sup>th</sup>**

To: Private School Aid Service  
P.O. box 776728  
Lakewood, Ohio 44107-0634

### CLERGY RECOMMENDATION FORM

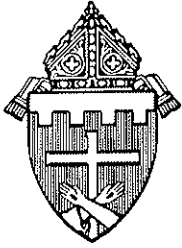
Obtained from high school \_\_\_\_\_ (Date)

Given to church. \_\_\_\_\_ (Date)

Sent by clergy to high school.

**NOT LATER THAN FEBRUARY 8<sup>th</sup>**

Letter of notice from Archdiocese received in April.



# ARCHDIOCESE OF SAN FRANCISCO CATHOLIC HIGH SCHOOL SCHOLARSHIP REQUEST FORM

Please type or use ball point pen

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**Part I – To be completed by parent (guardian) and returned to the high school (no later than February 8<sup>th</sup>)**

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1. Name of Student \_\_\_\_\_  
LAST FIRST MIDDLE
2. List all schools attended \_\_\_\_\_  
NAME CITY YEARS
  - a) Current \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
3. School to attend next year \_\_\_\_\_  
NAME OF SCHOOL
4. Tuition and fees for this student \$ \_\_\_\_\_
5. Parent(s) will pay toward this amount \$ \_\_\_\_\_
6. Student will pay toward this amount \$ \_\_\_\_\_
7. Total family payments \$ \_\_\_\_\_
8. Assistance requested by family (line 4 minus line 7) \$ \_\_\_\_\_
9. Name of Church attending \_\_\_\_\_
10. Pastor/Clergy Name \_\_\_\_\_
11. Name of Parent \_\_\_\_\_  
LAST FIRST MIDDLE
12. Address \_\_\_\_\_  
NUMBER AND STREET CITY ZIP
13. Signature of Parent \_\_\_\_\_

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**Part II – To be completed by High School Principal (no later than March 10<sup>th</sup>)**

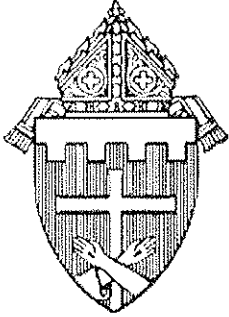
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14. Assistance requested by family (as in line 8) \$ \_\_\_\_\_
  15. Assistance granted by high school \$ \_\_\_\_\_
  16. Difference (line 14 minus line 15) \$ \_\_\_\_\_
- Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the basis of character, promise and performance, I rank this request:

D above the majority who have applied from my school.  
 D with others who have applied from my school.  
 D only after the majority who have applied from my school

Signature of Principal: Date



# ARCHDIOCESE OF SAN FRANCISCO CATHOLIC HIGH SCHOOL SCHOLARSHIP

Please type or use ball point pen

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## Clergy Recommendation Form

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**To the Applicant:** Please type your name and the high school and grade in which you plan to be enrolled. Give this form to your Church with a stamped envelope addressed to your high school.

Applicant Name: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

High School: \_\_\_\_\_

**To the Clergy:** Please complete the form below and mail in the stamped envelope provided to you by the applicant. Be sure to make a copy for your files. Please return your completed recommendation directly to the high school by February 8<sup>th</sup>.

Are the family and the applicant involved in the worship life of the Church? Please rate their worship commitment on a scale of 1 to 10 (with 10 being highest). *Please circle:*      10      9      8      7      6      5      4      3      2      1

Please check those organizations in your church in which the applicant is involved. Feel free to add any activities you think would be of interest to the Catholic High School Scholarship Administrator.

- |  |   |
|--|---|
| <input type="checkbox"/> Church Youth Organization                   | <input type="checkbox"/> Lector                       |
| <input type="checkbox"/> Service Helper/Altar Server                 | <input type="checkbox"/> Attends Retreats             |
| <input type="checkbox"/> Takes Religious Ed Classes                  | <input type="checkbox"/> Other (Please Specify) _____ |
| <input type="checkbox"/> Assists with Sunday School/Religion Classes | _____   |

This young person's family supports our Church by:

- |   |  |
|---|--|
| <input type="checkbox"/> Attending Services Regularly   | <input type="checkbox"/> Helping in the Following Church Programs: |
| <input type="checkbox"/> Youth Advisor/Parent Board     | <input type="checkbox"/> Church Council                            |
| <input type="checkbox"/> Lector/Commentator             | <input type="checkbox"/> Choir Member                              |
| <input type="checkbox"/> Sunday School Religion Teacher | <input type="checkbox"/> Women's Club                              |
| <input type="checkbox"/> Adult Religious Education      | <input type="checkbox"/> Gives Financial Support                   |
| <input type="checkbox"/> Other (Please Specify) _____   |  |

### OVERALL RECOMMENDATION:

Both the School and the Committee will determine the relative financial need of each applicant by using Private School Aid Service. Your recommendation, given below, will be the second criterion used in ranking applicants. Please check only one (1) box.

- Based on the merits of both the applicant and the applicant's family,
- I can give this application my highest recommendation.
  - I recommend this application with others who have applied from my Church.
  - I recommend this application only *after* the majority who have applied from my Church.
  - I am unable to recommend this application.

Clergy Signature \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_

**Return this form to the applicant's high school no later than February 8<sup>th</sup>**

*Make a copy for your files*