



SCHOOL YEAR: _____ to _____

SCHOLARSHIP RECOMMENDATION FORM

(TO BE FILLED OUT BY PRINCIPAL)

School: Grade Levels: Principal: Phone:	CURRENT TUITION RATES Single Student: 2 per family: 3+ per family: Out of Parish/Non-Catholic: Cost-based/Needs-based:
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Name of Student:

How long has the student been enrolled at the school? _____ Years **The student is new**

Does the student qualify for free or reduced lunch? **Yes** **No** **N/A**

On a scale of 1-5, please rate the family's demonstrated commitment to Catholic Education: (1 being the lowest, 5 being the strongest)
If the student is new, please disregard this section.

1	2	3	4	5
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Comments: (This space may be used for additional information about the student and his/her family that the principal feels should be taken into consideration during the selection process. Attach a letter to the application if more space is needed.)

Principal Signature: _____ **Date:** _____

Please note: Completed applications to be mailed to the Catholic School Office and must be postmarked by April 15th.