## Office of Catholic Schools

## Diocese of San Bernardino

#### DR. SAMUEL TORRES

Superintendent

#### MARIBEL ARGUELLES-ORTIZ, M. A. Ed

Associate Superintendent

#### DR. AUSTIN CONLEY III

Director of Advancement

December 2020

Dear Parents,

The Bishop's Catholic Schools Endowment Committee is once again pleased to be able to award scholarships to students attending our schools. Each applicant is given serious consideration with top priority given to those most in need. Last year we had over 300 families apply for scholarships. We were able to assist over **200** families with awards between \$500 to \$1,000.

It is very important that all forms and information be completed in full. **Incomplete applications** will not be considered. Please consult with your principal or their designated staff member who will be able to assist you with completing the application. Please submit copies of documentation such as W2's, food stamp award notices, etc. <u>Only copies</u> should be submitted. Do not submit originals because documentation is not returned.

A summary of needed forms, information, and due dates are as follows:

## First Step: By January 29, 2021

The applicant completes and turns in the following to the principal.

## Pages 2 and 3: Financial Need and Evaluation Form

- Sections I through V completed in full
- Section VI Documentation (copies only)

Page 4: Letter with pertinent information This must describe your financial need, especially if your situation has changed dramatically in the last year.

Sign and date form

### Final Step: On or before 4PM, February 12, 2021

The principal will submit the entire application, including *Page 1: Principal's Confidential Form*, to the Office of Catholic Schools. The committee will seriously consider each application package, but there is no guarantee to receive funds and you will be notified by April 30, 2021 of our decisions.

Thank you for providing the Committee the opportunity to help.

Sincerely,

The Catholic Schools Endowment Committee

♦ 1201 East Highland Avenue, San Bernardino, California 92404 ◆

Telephone (909) 475-5437 ◆ Fax (909) 475-5477 ◆ Email: catholicschools@sbdiocese.org

## THE BISHOP'S ENDOWMENT FUND FOR CATHOLIC SCHOOLS

# FINANCIAL NEED EVALUATION FORM 2021-2022 SCHOOL YEAR

Please read the directions before writing on this form

<u>I. DEPENDENT INFORMATION</u>: GIVE THE FOLLOWING INFORMATION ABOUT ALL DEPENDENTS IN THE FAMILY. IF YOU HAVE MORE THAN FIVE DEPENDENTS USE ANOTHER PAPER TO GIVE US THE INFORMATION ABOUT THOSE DEPENDENTS. ATTACH THAT FORM TO THIS ONE.

			School Information for Next Year				
LAST NAME	FIRST NAME	AGE	NAME OF SCHOOL	GRADE	TUITION/FEES	received last yr.	
<u>1.</u>							
<u>2.</u>							
<u>3.</u>							
<u>4.</u>							
<u>5.</u>							
II. HEAD OF HOUSE	HOLD INFORMATION: CF	HECK OR PR	OVIDE ALL INFORMATION	THAT APPLIES.	(PLEASE PRINT)		
1. Head of household is:	MALE FEMALE	DUAL	HEAD, both male and female	6. Fa	mily Name		
2. Age:				M	ailing Address		
3. Work Status for MAL	E (choose any that apply):			Ci	ty, Zip		
Full Time	Full Time Hom	emaker	Temporarily Disabled				
Part Time/Seasona	l Unemployed		Full Time Student		ome Phone		
Self-Employed	Retired/Perman	ently Disable	d Other:		siness Phone		
4 Work Status for FFI	MALE (choose any that apply)			Ы			
Full Time	Full Time Home		Temporarily Disabled				
Part Time/Season	al Unemployed		Full Time Student	8. Na	ame of Parish		
Self-Employed	Retired/Permane	ently Disabled	Other:				
					y Parish is in		
					se: Write a brief s		
					he form provided given	-	
5. 2020 Monthly Take Home (after taxes) of MALE Head of Household:					pplying for tuition as		
2020 Monthly Take Home (after taxes) of FEMALE Head of Household:					II help the committee	e with their decision	
			scribes the relation of the head(s)				
Father and M		r and Stepfath	er Father as	nd Stepmother			
Grandparents	S One G	uardian	Two Gu	ardıan	Foster Child/Chi	dren	

IV. FAMILY LIABILITIES / EXPENSES:  1. Monthly Rent \$ I	Description	Total Owed	Monthly Payment
Monthly Mortgage \$			
2. List Debts			
- -			
V. W.COM	TOTAL	\$	\$
V. INCOME:			
TOTALS RECEIVED FOR THE YEAR - JANU	J <b>ARY TO DECEMBEI</b>	R 2020	
1. WORKER'S COMPENSATION: MALE HOUSEHOLD I	HEAD \$	FEMA	ALE \$
2. UNEMPLOYMENT INSURANCE: MALE HEAD	\$	FEMA	ALE \$
3. WELFARE:	\$		
4. FOOD STAMPS:	\$		
5. SOCIAL SECURITY:	\$		
6. CHILD SUPPORT:	\$		
7. ALIMONY:	\$		
VI. DOCUMENTATION ENCLOSED: Please provide Copy of the 2020 W-2 statement from each employer Written explanation of significant differences in inco	·.		
Welfare (AFDC) award notice (Copy of recent check	or letter from case worker)	This is very impor	
Food stamp award notice (copy of recent check or let	ter from case worker)		
Social security award notice (copy of recent check)  Unemployment award notice (copy of recent check o	r statement)	REMEMBER: Inc	complete applications
Worker's compensation award (copy of recent check			not be considered

Parents,
Please share with the committee your financial need for this scholarship. Include information and details that show the critical nature of your financial situation. It is important to emphasize any major change in your situation during the previous year. This information remains <i>confidential</i> by the committee.
I declare that all information given to the Bishop's Catholic Schools Endowment Fund is to the best of my knowledge correct and complete. I agree, if necessary, to send additional information to support statements on the forms.
SIGNATURE OF PERSON COMPLETING THIS FORM:
PRINT NAME:
DATE:
RETURN TO YOUR SCHOOL PRINCIPAL BY JANUARY 29, 2021.
ANY INCOMPLETE FORMS RECEIVED ARE NOT ELIGIBLE, so please ask your principal or their designated staff member for help in completing the packet if you have any questions.