



SCHOOL YEAR: \_\_\_\_\_ to \_\_\_\_\_

# SCHOLARSHIP RECOMMENDATION FORM

(TO BE FILLED OUT BY PRINCIPAL)

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

**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 |
|---|---|---|---|---|

**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 15<sup>th</sup>.**