

faith for life · academics for success

#### AWAKEN GREATNESS GRANT

The Awaken Greatness Grant was created to help students who need tuition assistance to obtain a Catholic education. Applicants must complete the application in fill. The Grant Committee will evaluate eligibility for tuition assistance. Applications must be handed in to the Office no later than **April 14**, **2016**.

#### **GRANT POLICIES AND GUIDELINES**

- 1) Family must demonstrate financial need by completing this form in its entirety.
- 2). Students must meet academic requirements. Maintaining a 2.0 GPA.
- 3). Students must have a good attendance record during their current school year. A 93% attendance rate or above is acceptable.
- 4). Students must have a good citizenship record in their current school year.
- 5). Parents/Guardians are expected to support school activities and attend all conferences.
- 6). Parents/Guardians must agree to monitor student's progress in meeting academic and other school requirements.
- 7) Family must participate and complete all fundraisers sponsored by the school and work at the events as scheduled.
- 8). The Grant Committee will monitor each grant recipient's progress, on a quarterly basis, in order to determine whether or not to continue funding the student's grant.
- 9). Completed applications for grants must be submitted by **April 14, 2016**. The Grant Committee will consider emergency funding after that date only by a vote of the committee.
- 10). Grant funds will be paid directly to the school from the student's account.
- 11). The Committee reserves the right to change/amend policies as needed.

12). Grant recipients may re-apply for a grant each year, provided the recipient continues to meet the criteria stated in the policies and there are sufficient funds in the Grant Account.

# POLICIES AND GUIDELINES ACCEPTANCE FORM

We have received a complete review of the Grant Policies. We have a thorough understanding of these policies and guidelines.

We agree to adhere to all policies and guidelines as stated. We understand that failure to do so may result in forfeiture of the St. Boniface/Pope John XXIII's School Grant opportunities.

Parent/Guardian Signature	Date
Student Signature	Date
Student Signature	Date
Student Signature	 Date

### AWAKEN GREATNESS GRANT APPLICATION

## <u>APPLICATION INSTRUCTIONS</u>

To apply for the grant, submit the following items by April 14th, 2016:

- (1) Completed Application Form
- (2) Policies and Guidelines Acceptance Form

All of your responses to the questions on the form must be typed or printed. Note that you and your parent(s) or guardian(s) must sign Documents #1 and #2 listed above.

### CHECKLIST FOR APPLICANTS

Each submitted application packet must include the items listed below. <u>Incomplete application packets will not be reviewed.</u>

	ITEM	Completed X	Date
1	Completed Application Form		
2	Policies and Guidelines Acceptance Form		

# AWAKEN GREATNESS GRANT APPLICATION (CONTINUED)

# PERSONAL INFORMATION

Student's Name						_	
	irst		Middle		Last		
Date of birth	/	/					
Student's Name							
	irst		Middle		Last		
Date of birth	/	/					
Student's Name							
	First		Middle		Last		
Date of birth	<u>/</u>	/					
Parent/Guardian N	lame(s	)					
		First		Middle			Last
Daytime Telephon	e Num	ber: (	))				
Parents' Marital St	tatus:	Married .	Single	Divore	ced	Widow	/ed
Address (if differer	nt from	etudent)					
Address (il dillerer	it iiOiii	stadent) _	Street	City		State	Zip
E-Mail Address: _							
Religious Affiliatio	on:						
Number of Years that Child(ren) has attended St. Boniface and/or Pope John XXIII Schools:							
Number of claimed members in your household: Please list below.							
Name			Age	Relationship		School	

Committee should consider:
NOTE: This information is <b>confidential</b> and will be reviewed only by the three member committee consisting of St. Boniface Parish Priest/Pope John President, St. Boniface/Pope John Principal, and Advancement Director.
Requested yearly amount \$
The information on this application and the statements attached are complete and accurate to the best of my knowledge. I understand that misrepresentation of the facts would result in the automatic cancellation of my grant if one were awarded.
Parent/Guardian Signature:
Date:
Mail or return to the school office  Awaken Greatness Grant Fund Committee  % Betty Getzfred

Please explain any unusual family financial circumstances you believe the Grant Selection

Awaken Greatness Grant Fund Committe % Betty Getzfred St. Boniface/Pope John XXIII Schools PO Box 179 Elgin NE 68636



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# **AWAKEN GREATNESS GRANT AWARD NOTIFICATION**

who need tuition assistance	e to obtain a Catholic	reatness Grant was created to help students education. The Grant Committee has reviewed to your child's/children's tuition
Child's Name	Award Amount	
	\$	_
	\$	_
	\$	_
that the balance of your chi	ld's/children's accour	thool Year Awaken Greatness Grant award is not must be paid by the 15th of EVERY month or will become null and void from your family
(Initial for Complete Unders	standing and Return a	a Copy to Mrs. Getzfred)
School Year applications to	re-apply for St. Boni	y. If funds become available for the 2016-17 iface/Pope John XXIII Grant Funds will be te eligibility for student's tuition assistance need.
God Bless,		
St. Boniface/Pope John X Awaken Greatness Grant Father Vogel, President		rs

Mrs. Getzfred, Principal

Anna Meis, Advancement Director