



## **CHAMPIONS OF CATHOLIC EDUCATION**

### **2016-2017 New Applicant**

**Parish Information** (Complete the following if applicable)

Name of church parish: \_\_\_\_\_

Address: \_\_\_\_\_

Family's annual contribution to parish: \_\_\_\_\_

Types of contributed services (i.e., PSR teacher, lector, etc.): \_\_\_\_\_

**Essay Question (250 words):** Please type and attach as a separate page to be completed by parent(s)/guardian.

**Why do you feel you need financial assistance?**

**Please include a copy of the student's latest report card along with two letters of recommendation either:**

1. From a school principal, teacher, or guidance counselor
2. From an adult, non-family member (i.e. pastor/priest, coach, employer, neighbor)

**Application checklist:**

School registration  
FACTS, TADS, or bank financial assessment (please specify which is used)  
This Champions of Catholic Education form  
Copy of latest report card  
Essay  
Letters of recommendation

*Thank you for applying; this application does not guarantee an award.  
Every application will be given equal consideration.*

**Instructions:**

1. Parent or guardian should fill out this application.
2. Please type or print clearly
3. Please complete all questions. Use 0 (zero) or N/A if not applicable
4. Parents must complete their child's school registration, including submitting a grant and aid assessment, either through your local bank of choice or through FACTS or TADS, by April 1. Please specify which aid assessment is used.
5. Include a copy of the student's latest report card and 250-word essay and two (2) letters of recommendation.
6. All materials must be returned and included by the filing date of Friday, April 1, 2016.

All documents regarding the above must be included at the time of filing.  
**Please return all completed information by mail on or before April 1, 2016 to:**

**Champions of Catholic Education Selection Committee**  
**Office of Catholic Schools**  
**7887 Walmesley Ave.**  
**New Orleans, LA 70125**

**Person Responsible for Tuition**

Full Name  
Address

# CHAMPIONS OF CATHOLIC EDUCATION

Student(s) applying for aid

| Full Name | Age | School Attending August 2016 | Receiving School Aid? | Grade August 2016 | Committee Use |
|-----------|-----|------------------------------|-----------------------|-------------------|---------------|
|           |     |                              | Y N                   |                   |               |
|           |     |                              | Y N                   |                   |               |
|           |     |                              | Y N                   |                   |               |
|           |     |                              | Y N                   |                   |               |
|           |     |                              | Y N                   |                   |               |

## Other Dependent Children in Family

| Full Name | Age | School/College | Annual tuition | Amount of Financial Aid Received |
|-----------|-----|----------------|----------------|----------------------------------|
|           |     |                |                |                                  |
|           |     |                |                |                                  |
|           |     |                |                |                                  |
|           |     |                |                |                                  |

## Family Information

Check one:  Father  Mother  Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment/Position: \_\_\_\_\_



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**NEW ORLEANS**  
 Office of Catholic Schools