



## BISHOP CHRISTIAN SCHOLARSHIP APPLICATION

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

1. Catholic School student is attending or looking to attend \_\_\_\_\_

2. Have you received a financial aid award letter from the school? \_\_\_yes \_\_\_no | if yes, please attach a copy of the letter.

3. *In most cases, students cannot expect to have the entirety of their tuition balance covered by the scholarship. Please list the amount you are wishing to have covered.*

Requested Scholarship amount (up to \$1000): \_\_\_\_\_

4. Is there anything you feel the committee should be confidentially made aware of that will help in the review of your scholarship (i.e. reasons for financial distress, extenuating circumstances, change of income, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Parent/Student Statement: *why attending a Catholic school is important to me*** (if more space is needed, please attached a sheet of paper to this application)

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***Please return completed application and any necessary attachments to  
Diocese of Manchester  
Attn: Brian Harrison  
153 Ash Street  
Manchester, NH 03104***

***Applications are due by October 31, 2022***