

SCHOLARSHIP APPLICATION CHECKLIST

Contact: Natalie Stuhlsatz

Email: stuhlsatzn@CatholicDioceseofWichita.org

Phone: (316) 440-1744

Date:					
Submitting School	ol Name:				
STUDENT INFO	RMATION				
Student first and	l last name:				
Student is:					
(A	Non-Catholic	(Parish Name)			
B) 🔲 F	Kindergartener				
C)	Free/Reduced	☐ FDC (Free Direct Certif	ied) 🔲 RDC (R	educed Direct Certified)	
ATTACH THE FOLLOWING FORMS					
☐ Consent for Disclosure – <i>list only students applying for scholarship</i>					
☐ Consent	for Release of Infor	rmation – <i>list only students</i>	applying for sch	olarship	
☐ Househo	old Economic Survey	y – list applicant's school-ag	ge siblings also		
DEADLINE INFO	ORMATION				
Applications received by September 20 will be considered for the Fall Semester					
Applications received by January 20 will be considered for the Spring Semester					
NOTES					
Scholarships will be prorated for students who transfer in or out during a semester					
Only stud	dents entered in Po	owerSchool will be consider	ed for scholarshi	р	
		FOR OFFICE USE ON	LY	Date Received:	
	Confirmation Email				
	Follow Up / File Purple Enter app/rcvd date in PowerSchool / File Orange				
	Enter date emailed to State in PowerSchool / File Yellow				