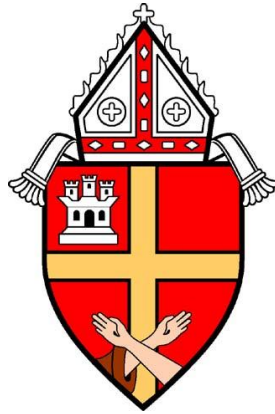


**ARCHDIOCESE OF SANTA FE
ST. KATERI TEKAKWITHA
NATIVE AMERICAN MINISTRY**



SCHOLARSHIP APPLICATION

NAME OF APPLICANT: _____

NAME OF SCHOOL: _____

SUBMISSION DATE: _____

SCHOOL YEAR 2019-2020

NATIVE AMERICAN SCHOLARSHIP

APPLICATION PACKET

SCHOOL YEAR 2019-2020

ELIGIBILITY CRITERIA

- Native American student, Catholic or non-Catholic, in grades kindergarten to twelve
- Enrolled or will enroll in one of the Archdiocese of Santa Fe Catholic Schools
- Plans to attend school for the entire academic year beginning in the fall
- Applicants must have a C+ or better grade average
- ***A completed application through the Grant & Aid Assessment in FACTS is REQUIRED for school year 2019-2020***

SCHOLARSHIP APPLICATION

Applicants may apply for assistance with tuition and registration fees.

Completed applications must be postmarked before or on **Friday, May 24, 2019**.

All applications become the property of the Native American Ministry Office.

Return completed application to:

Native American Ministry

4000 St. Joseph Pl, NW

Albuquerque, NM 87120

CATHOLIC SCHOOL CERTIFICATION FORM

The applicant will provide the school administrator with the included certification form to complete and sign. This form confirms that the applicant will be or is a student at the Catholic school and has an overall grade average of C+ or better.

**NATIVE AMERICAN SCHOLARSHIP
APPLICATION
SCHOOL YEAR 2019-2020**

NAME OF CATHOLIC SCHOOL: _____

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

TRIBE AFFILIATION: _____

TRIBAL ID # _____

GRADE IN 2019-2020: _____

PARENT/GUARDIAN (1): _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL ADDRESS (optional): _____

PARENT/GUARDIAN (2): _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL ADDRESS (optional): _____

ARE YOU RECEIVING OTHER SCHOLARSHIP ASSISTANCE? YES / NO

IF YES, EXPLAIN _____

NATIVE AMERICAN SCHOLARSHIP

CERTIFICATION FORM

SCHOOL YEAR 2019-2020

Note: Applicant, please give this form to the school administrator to complete and sign. Include this form with your application packet for submission.

STUDENT NAME: _____

I, _____, affirm that the above student is
Name of School Administrator

enrolled or will be enrolled at _____
Name of Catholic School

and has an overall grade point average of C+ or better, if applicable.

Comments (if appropriate use back of page):

Signature of School Administrator Position Date