

Sharing the love and knowledge of Jesus Christ through hospitality, spiritual growth and renewal, support of individuals, parish communities and family life.

January 4, 2023

Rome Catholic School Attn: Nancy Wilson 800 Cypress Street Rome, NY 13440

Enclosed is the 2023 application for The Hazel D. Scheidelman Scholarship.

Please note:

- We require the Household/Family submit multiple applications if students are in different schools. (Applicants with students in the elementary and junior/high school will need two applications).
 - -Application will be tracked by the LAST NAME of the HEAD of the household.
 - -Also include other last names
- Household Members
 - -List other adults in the household, independent or dependent.
 - -List **All Dependent Children** of the Household, whether pre-school, school age or college, from youngest to the oldest.
- Household Income
 - -Incomes (earned or unearned) for all the household members are to be listed.
 - -Only incomes of \$60,000 or less will be considered for a scholarship, however, if there are extraordinary circumstances please attach a letter and the application will be taken into consideration.
 - -This area MUST be completed. If this section is left blank or no income listed the application will not be considered.

Due Dates, Address & Processing Schedule:

- Applications are to be returned to the school by March 30, 2023 for the principal's signature.
 - -Applications received after April 19th will not be considered.
- The principal will then forward to: The Go

The Good News Foundation Hazel B Scheidelman Scholarship 10475 Cosby Manor Road Utica, NY 13502

- The Scholarship Committee will review the applications by Household.
 - -Awards designated by the committee will be sorted according to the Student's School.
- Notification of Awarded Scholarships will be sent to the individual schools by June 5th.
- Actual Checks will be issued according to individual Schools and distributed to the Tuition Accounting Manager's Office by **September 29**th.

Application Verification:

In accordance with the scholarship agreement as listed on the application, in **January 2024 a Student Verification Report** will be sent to each School's Principal with the listing of the awarded students to verify: "completion of half of the school year".

This report is to be signed by the Principal and returned to the above address before January 30, 2024.



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HAZEL D. SCHEIDELMAN SCHOLARSHIP through THE GOOD NEWS FOUNDATION Application for 2023-2024 School Year

Address:		_ City:	NY Zip C	ode	
HOUSEHOLD MEMBERS: Num	ber of ADU	of ADULTS in Household: Independe		ent Dependent	
Please list ALL Dependent Children, Young	est to the Eldest	Include Last Name if	different,)		
Dependent Child's Name	Age Grade Entering		School Attending Must Submit Separate Forms for Each School		Amount Requesting \$500 Maximum Award
HOUSEHOLD INCOME: (Income this section will not be considered. Names of Employed			e listed.) <mark>Applications with</mark>		
Household Members:	Employer And City			Annual Gross Income Must Be \$60,000 or Less*	
Additional Household Income					
(not included above)	Child St	Child Support			
	Grants & Tap				
	Other Assistance: Alimony:				
Additional information may be	TOTAL ANI	NUAL INCOME	: (must be \$60,000 or l	ordinary circu	umstances affecting the
nousehold's financial means. *If income application will be taken into consideration the "Hazel D. Scheidelman" Schood to the tuition, uniforms, books etc., or Diocese. If a student receiving the grant shout the student was in school relative to the entire. Any funds awarded will be distribunstructions are adhered to and the information.	is over \$60,00 on. larship is being f a family in fin d fail to comple school year. ited directly to t	10 and you have extrooffered through The Gancial need, for grades to half of a school year the school in the student	coordinary circumstances, cood News Foundation of CN K - 12 in a Catholic School at the school, the grant will t's name. The signing of this	please attach Y, Inc. for the in the Eastern be returned pr	a letter and your following purpose: To he Vicariate of the Syracuse roportional to the total time
egal Guardian's Signature:			Date:		
Principal's Signature:		8 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date:		