

GAUDET SCHOLARSHIP WORKSHEET FOR SCHOOLS

Parents: Give this form to the financial aid officer at your child's school for him/her to fill out

To the applicant's school:

Completion of this form is required as part of the following student's application for a Frances Gaudet Scholarship. If you have questions, contact Jennifer Hirstius or Liz Shortess at 225-706-6634. As soon as your financial aid awards are computed, please forward completed form to:

Gaudet Scholarship Program
Episcopal Community Services
Post Office Box 5026, Baton Rouge, LA 70821
225-706-6653 (fax)

Student's Name

Grade Entering

PLEASE ATTACH

_____ Copy of applicant's financial aid award for the upcoming school year

_____ Other information you feel the committee should know

ENROLLMENT STATUS

_____ Returning Student

or

_____ New Student Accepted for the upcoming school year

Has a contract, deposit, or other commitment for the upcoming school year been executed between school and student's family? _____ Yes _____ No

FINANCIAL AID PROFILE

What is tuition for the above grade level for the upcoming school year? \$_____

Please indicate the dollar amount offered/committed to this student for the upcoming school year from each of the following sources:

Need Based Financial Aid Award \$_____

Tuition Waiver or Merit Based Award \$_____

Previously Dedicated ECS Funds \$_____

Other (please specify) \$_____

None (please explain) \$_____

Person Completing This Worksheet

Title

Telephone

Fax

GAUDET SCHOLARSHIP APPLICATION
Parent's Covenant with Episcopal Community Services

WHEREAS, Episcopal Community Services (herein called ECS) is the agency of the Diocese of Louisiana charged with administering the Frances Joseph Gaudet funds and awarding grants from such funds; and

WHEREAS, the Frances Joseph Gaudet funds are to be used solely for the education of Black African American children; and

WHEREAS, Gaudet Scholarships are partial need-based scholarships intended to be an enhancement to and not a substitute for any financial assistance the student may receive from the school's financial aid program or other sources, including financial contributions from the student's parents; and

WHEREAS, Gaudet Scholarships will be awarded to provide need-based partial scholarships to Black African American students, with priority given to students living within the Episcopal Diocese of Louisiana and attending Episcopal schools; and

WHEREAS, the Report of Family Contribution from School and Student Service for Financial Aid and a Letter of Financial Aid Award detailing the school's contribution (provided that said school awards need-based financial aid) are required for consideration of a Gaudet Scholarship award; and

WHEREAS, scholarships will be awarded to individual students, with funds disbursed to the school on behalf of the student; and

WHEREAS, a student who is awarded a scholarship in a given year is eligible for awards in future years, provided that student fulfills the normal application guidelines each year; and

WHEREAS, funds awarded are to be used solely for the designated student at the designated school during the designated school year.

THEREFORE, in order to comply with the requirements of the Gaudet Scholarship, the undersigned parent(s) agrees to:

- a) Complete in full the Gaudet Scholarship Application, including the Permission to Release Student Records, the Parents' Financial Statement application, and agrees to:
- b) Submit to ECS a copy of the school's Letter of Financial Aid Award signed by the parent(s); copy of parent(s) previous year Tax Return, Student Essay (grades 6-12 only), and agrees to:
- c) Submit an ECS Progress Report in December and June of the academic year; inform ECS of any changes in the student's enrollment or financial status during the course of the academic year.

I/we submit this Gaudet Scholarship Application for

_____ (student's name) who is entering grade _____

and is enrolled at _____ (school's name) for the upcoming academic year.

Parent/Guardian's Signature

The Rt. Rev. Charles E. Jenkins, III
President
ECS Board of Directors

Mail to: Episcopal Community Services, Post Office Box 5026 , Baton Rouge, LA 70801-5026
Application deadline is March 31, 2008.

FRANCES GAUDET SCHOLARSHIP APPLICATION

STUDENT INFORMATION AND ENROLLMENT STATUS

Student's Name _____

Street Address _____

Phone No. _____

City _____ State _____ Zip _____

Grade Entering _____ Gender _____ Date of Birth ____/____/____

Social Security # _____

If applicant is an Episcopalian, please indicate the congregation of which he/she is a member.

Name of school student will attend during the upcoming school year:

School's Street Address _____

City _____ State _____ ZIP _____

Phone No. _____

Fax No. _____

Has student already been selected for admission to the above school for the upcoming school year?

_____ Yes _____ No

Has a contract, deposit, or other enrollment commitment for the upcoming school year been executed between the school and student's family? _____ Yes _____ No

Does student have any siblings who will attend this school next year? _____ Yes _____ No

Name of school student is attending during the current school year :

All applications for grades 6-12 must include a brief statement written by the student.

Topic: Why the educational experience at this school is important to you.

Is the student a Black African American? _____ Yes _____ No

HOUSEHOLD INFORMATION

The following information should be completed by and about the parent/guardian responsible for the student's educational expenses. All correspondence will be sent to this person.

Student's Name _____

Applicant Lives With (check all that apply)

____ Father ____ Mother ____ Stepfather ____ Stepmother ____ Other

Father/Stepfather/Guardian _____

Home Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____ Evening Phone No. _____

Employed By _____ Occupation _____

Highest Educational Level Completed _____

Mother/Stepmother/Guardian _____

Home Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____ Evening Phone No. _____

Employed By _____ Occupation _____

Highest Educational Level Completed _____

Number of dependent children receiving financial support from you: _____

How many dependent children do you have in tuition-charging schools? _____

Signature

Date

Relationship to Student _____

FINANCIAL AID AND SCHOLARSHIPS

Student's Name _____

CURRENT YEAR COSTS

What is the total dollar amount for the student's tuition and fees for the current school year?

\$ _____

Of the above amount, how much was paid by the student's family? \$ _____

Did the student receive financial aid for the current school year? _____ Yes _____ No

If yes, please indicate \$ amount received from each source of funding.

School's contribution \$ _____

Gaudet Scholarship \$ _____

Other (please specify) \$ _____

UPCOMING YEAR COSTS

What is the total dollar amount for the student's **tuition** for the upcoming school year?

\$ _____

What is the Recommended Family Contribution determined by the SSS?

\$ _____

If the RFC is zero or a negative number, how much can your family reasonably contribute?

\$ _____

Please indicate any additional sources of funding to be provided for the upcoming school year.

Financial Aid Award \$ _____

Tuition Waiver \$ _____

Other Sources of Funding \$ _____
(please specify)

PERMISSION TO RELEASE STUDENT RECORDS

To the parent(s):

This form will give the following school/organization permission to complete the Gaudet Scholarship Worksheet for Schools in consideration for your application for a Gaudet Scholarship. All information will be held in confidence and all files will be destroyed.

Student's Name

_____ (mm/dd/yy)

Student's Date of Birth

Student's Social Security Number

Name of School Applicant Will Attend in the upcoming school year

Grade Entering

NOTE: The ECS Scholarship Committee cannot act until all necessary information has been received.

I/We hereby authorize Episcopal Community Services (ECS) to contact the above school and/or SSS to obtain information to support my/our application for a Frances Gaudet Scholarship. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to ECS for that purpose. To complete the application process, I/we authorize the release of my/our child's academic and financial aid information including reports from SSS.

My signature below indicates that I have read and agree with the policies noted above to authorize the release of the requested information both now and throughout the school year.

Signature of Parent / Guardian Date _____

Signature of Parent / Guardian Date _____

To the School:

Gaudet Scholarships are partial need-based scholarships intended to be an enhancement to and not a substitute for financial assistance the student would otherwise receive from the school's financial aid program or other sources, including financial contributions from the student's family.