The Good News Foundation of Central New York Inc.

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

HAZEL D. SCHEIDELMAN SCHOLARSHIP through THE GOOD NEW FOUNDATION

Application for 2012 – 2013 School Year

Family/Household Names: _____
(Please list the Head of household's last name and first name, also include any additional LAST Names of the household.)

Address: _____ **City:** _____ **NY Zip Code**_____

HOUSEHOLD MEMBERS: Number of ADULTS in Household: _____ Independent _____ Dependent

(Please list ALL Dependent Children, Youngest to the Eldest, Include Last Name if different,)

Dependent Child's Name	Age	Grade Entering	School Attending	Amount Requesting

HOUSEHOLD INCOME: (Income from all household members must be listed.)

Names of Employed Household Members:	Employer And City	Annual Gross Income
Additional Household Income (not included above)	**Child Support**	
	Grants & Tap	
	Other Assistance:	
	Alimony:	

TOTAL ANNUAL INCOME: _____

Additional information may be attached in a letter of less than 100 words explaining extraordinary circumstances affecting the household's financial means.

The "Hazel D. Scheidelman" Scholarship is being offered through The Good News Foundation of CNY, Inc. for the following purpose: To help pay toward the tuition, uniforms, books etc., of a family in financial need, for grades K – 12 in a Catholic School in the Eastern Vicariate of the Syracuse Diocese. *If a student receiving the grant should fail to complete half of a school year at the school, the grant will be returned proportional to the total time the student was in school relative to the entire school year.*

Any funds awarded will be distributed directly to the school in the student's name. The signing of this application, assures that the above instructions are adhered to and the information provided is correct to the best of your knowledge.

Legal Guardian's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Principal's School-Application Processed: _____ Phone Number: _____

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