



The Kitty M. Perkins Tuition Assistance Scholarship



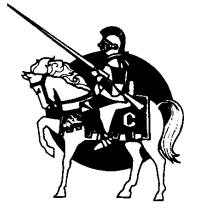
1. The following criteria shall be used to select the winners of the scholarships:
 - ☞ This award is presented to parents/families who demonstrate active participation in Central Catholic.
 - ☞ The award will be granted based on financial need.
 - ☞ Priority is given to candidates who display a commitment to a lifestyle of Christian stewardship by both the student and the family
2. A hard copy of the applications will also be available in the Development Foundation Office.
3. **Applications must be returned to the foundation office by 4:00 p.m. on Monday, July 27, 2015.**
4. The selection committee for the awards will consist of GICC teachers and members of the Central Catholic Development Foundation Board.
5. Funding the Award: The \$10,000 endowment will be funded by the Kitty M. Perkins Foundation with 10-\$1000 scholarships awarded to be applied to the fall semester of the 2015-2016 school year. The Awards will be paid from the grant already obtained by GICC.
6. Purpose of the Award: In addition to honoring the memory of Kitty M. Perkins, this award also will assist students who otherwise may be unable to meet tuition in the Grand Island Central Catholic school system.
7. Applicants will be notified no later than August 21, 2015 of the results of the selection process.

Changes to the Guidelines: For any conditions not covered in these guidelines or questions that the Foundation Office or Finance Committee may have concerning the Kitty M. Perkins Tuition Assistance Scholarship, discussion or changes to the guidelines may be enacted to clarify provisions of the program.

See Application Attached



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APPLICATION for 1st Semester, 2015-2016 school year.

Must be returned to the GICC Development Foundation
(North entrance of GICC) by July 27, 2015

GICC STUDENT(S) NAME and Grade: _____

ADDRESS: _____

PHONE: _____

FAMILY:

Father's Full Name: _____

Mother's Full Name: _____

Father's Occupation: _____

Mother's Occupation: _____

Number of years involved at GICC: _____

Siblings living at home and their ages:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent (and family) involvement (helping etc.) in activities and programs at Central Catholic:

Please provide an explanation of your need for financial assistance:

CERTIFICATION: I/We hereby certify that the information contained in this application is true and accurate to the best of my/our knowledge and belief.

_____	_____
Parent/Guardian	Date
_____	_____
Parent/Guardian	Date

The information contained in this application will be kept confidential.

Please return to: The Central Catholic Development Foundation
1200 Ruby Avenue, Grand Island, NE 68803
Phone: 308-382-5499

info@giccfoundation.com

www.gicentralcatholic.org