



Immaculate
Conception
CATHEDRAL SCHOOL

**Immaculate Conception Cathedral School
General Scholarship Application**

Date _____

Academic Year Applying _____

APPLICANT INFORMATION

Student Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Birth _____

Current School (if other than ICCS) _____

Current Grade Level _____

Religious Affiliation: Catholic _____ Other Faith _____ If other, please specify _____

Has the student been accepted for the upcoming academic year? _____

Has the student registered for the upcoming academic year? _____

PERSONAL INFORMATION

Briefly explain your educational goals for the applicant.

Briefly “introduce” this student to the scholarship committee. Have there been academic or behavior awards given? What is his/her academic work ethic? What are his/her academic goals for the future? What makes this student unique?

Are there any unusual family or personal circumstances that may impact this student’s future education? If so, please describe.

Please list below the source and amount of any grants, scholarships, or financial assistance awards that have been given this student for the upcoming academic year.

| Name of Grant/Scholarship or Financial Assistance | Amount | Granted or Pending? |
|---|--------|---------------------|
|---|--------|---------------------|

| | | |
|-------|-------|-------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

APPLICATION CERTIFICATION AND SIGNATURES

I declare the information reported is true, correct and complete to the best of my knowledge. I further agree that the information provided in my FACTS financial aid/scholarship application is true, correct and complete to the best of my knowledge. Falsification of information on either this application or my FACTS application may result in termination of any scholarship granted.

I understand that there may be academic and/or conduct requirements associated with the scholarship that my student receives. If my student fails to meet the academic or conduct requirements associated with the scholarship granted, the scholarship funds may be relinquished. I am aware that some scholarship awards may be granted for one academic year only. I am also aware that TSSAA income requirements may necessitate my choice of acceptance of a scholarship vs. playing a varsity-level sport.

Parent/Guardian Signature

ALL NEED-BASED SCHOLARSHIP APPLICANTS MUST COMPLETE THE FACTS ONLINE FINANCIAL ASSISTANCE APPLICATION TO DETERMINE INCOME. PLEASE CONTACT THE BUSINESS OFFICE AT 901-435-5333, IF YOU HAVE ANY QUESTIONS REGARDING THE FACTS APPLICATION.

Bring the completed application to the ICCS Office of Admissions or mail to:

**Mrs. Cathy Armstrong
Office of Admissions
Immaculate Conception Cathedral School
1695 Central Avenue
Memphis, TN 38104**

Date application received in Admissions Office: _____

Received by: _____