



Lead with Heart.™

The Dear Neighbor Scholarship Application Instructions

47 Cathedral Avenue Hempstead, NY 11550 516.483.7383
x325 bursar@sacredheartacademyli.org

The Dear Neighbor Scholarship is a four year need based scholarship awarded annually by Sacred Heart Academy to a young woman from the Hempstead/Uniondale/Roosevelt area who displays a desire, along with the academic ability, to succeed and become a contributing member of the Sacred Heart Academy community.

Instructions:

1. Register for and take the Catholic High School Entrance Exam (CHSEE) on **Saturday, October 27, 2018** by calling (516) 739-5030 or visiting www.cathhsli.org. To be eligible for the Dear Neighbor Scholarship, applicants are required to list **Sacred Heart Academy as their first choice.**
2. Complete a financial application for Financial Aid Independent Review (FAIR) at www.fairapp.com and attach your 2015 tax return by **Saturday, December 1, 2018.**
3. Submit a complete Dear Neighbor Scholarship application to Sacred Heart Academy by **December 1, 2018.** The application includes:
 - A copy of your seventh grade report card.
 - Dear Neighbor Scholarship Policy Acknowledgment Form
 - Dear Neighbor Scholarship Questionnaire
 - Two completed Recommendation Forms from school administrators, guidance counselors or teachers.
 - A copy of your 8th grade first marking period report card, indicating that you are maintaining an 85% average or better and are not failing any subject. (We understand that receipt of this document might be after the December 1 deadline)
4. Mail completed application to:
Office of the Bursar
Mrs. Judy Hahn
Sacred Heart Academy
47 Cathedral Avenue
Hempstead, NY 11550

Applications are to be postmarked **no later than Saturday, December 1, 2018.**

Upon receipt of your completed application, an interview will be scheduled. Scholarship recipients will be notified in mid-January. Scholarship recipients need to register at Sacred Heart Academy on **Tuesday, January 15, 2019** or the scholarship offer will be forfeited. If you have any questions, please call (516) 483-7383 ext. 325.



The Dear Neighbor Scholarship Policy Acknowledgement Form

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Applicant's Name: _____

Home Address: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Current School: _____ Parish: _____

The Dear Neighbor Scholarship is a four year need based scholarship awarded. Parents of applicants are required to complete a Financial Aid application online at **www.fairapp.com** by **Saturday, December 1, 2018**. The Dear Neighbor Scholarship application should be completed by the applicant and submitted to Sacred Heart Academy by **Saturday, December 1, 2018**. All information provided will remain strictly confidential and will be used for the sole purpose of awarding scholarships.

Dear Applicant and Parent/Guardian:

Please read the following statement and sign your name, indicating that you have read and understand the scholarship conditions.

*I understand that applications received after **Saturday, December 1, 2018** will not be accepted. I also understand that if I am awarded a scholarship, I am to register as part of the Class of 2023 at Sacred Heart Academy on **Tuesday, January 15, 2019**. If I do not register, I will forfeit the scholarship.*

Applicant Signature

Date

Parent/Guardian Signature

Date



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The Dear Neighbor Scholarship Questionnaire

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Please complete the following questions to the best of your ability, using your own words and writing.

1. Please list your extracurricular, community, and volunteer activities:

2. Please list any academic distinctions or honors you have received:

3. Please list any immediate family members who attended and/or graduated from Sacred Heart Academy (please include year of graduation):

Name	Year
<hr/>	<hr/>
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4. Please let us know if there are any other factors you would like us to consider:

(Use reverse side of this page if necessary)



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The Dear Neighbor Scholarship Recommendation Form

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Applicant's Name: _____ Current School: _____

Please note that applicants are required to obtain two recommendations from their school administrators, guidance counselors or teachers. Evaluations completed by other people will not be accepted.

Your name: _____ Relationship to Applicant: _____

Length of time you have known applicant: _____

Please evaluate the applicant by marking the appropriate box. You may use the back of this page for any additional comments. Thank you for playing an important role in the life of this student!

Please mail your completed recommendation by **Saturday, December 1, 2018**,
to: Office of the Bursar, Mrs. Judy Hahn, 47 Cathedral Avenue, Hempstead, NY
11565

	Excellent	Above Average	Average	Below Average	Poor
Effort					
Desire to learn					
Work habits					
Participation					
Attitude					
Peer relations					
Respect for authority					
Self esteem					
Behavior/ conduct					
Integrity/ moral character					
Commitment to school/ school spirit					
Involvement in community service					

I hereby attest that the information provided in this evaluation is accurate to the best of my knowledge.

Signature

Position/ Title

Date