

NEEDS-BASED SCHOLARSHIP APPLICATION FORM

SCHOOL OFFICE USE ONLY	VERIFIED BY	DATE VERIFIED
<input type="checkbox"/> NEEDS-BASED SCHOLARSHIP APPLICATION FORM COMPLETED CORRECTLY		
<input type="checkbox"/> APPLICATION REVIEW DATE AND AMOUNT GRANTED CONFIRMED		
<input type="checkbox"/> SCHOLARSHIP NOTIFICATION SENT AND CONFIRMED		

UNDERSTANDING THE NEEDS-BASED SCHOLARSHIP:

Academia Juárez can offer financial assistance for students attending Academia Juárez in some circumstances. This scholarship is intended to assist families who require financial assistance. We encourage those who need financial assistance to apply.

Needs-Based Scholarship decisions will be based on financial needs by the Scholarship Committee who will assess needs and distribute scholarships based on scholarship criteria, merit, and funds available. Selection will be decided on the basis of information provided.

Be assured that all information provided through this process will be kept in the strictest confidence by all staff and Scholarship Committee members.

INSTRUCTIONS FOR PARENTS/GUARDIANS:

This Needs-Based Scholarship Application (NBSA) process begins in consultation with your Bishop. To be considered for a Needs-Based Scholarship, the applicant must qualify as follows:

- 1) The applicant must be enrolled in Academia Juárez
- 2) The applicant and/or family must be experiencing financial hardship
- 3) The applicant must be living the standards of the School's Honour Code

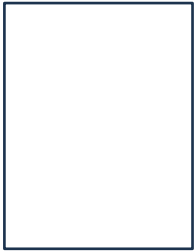
After the process has been initiated with your Bishop and the forms have been completed, please deliver the NBSA form and any required documents to the Registrar's Office as listed below:

**Calle Sonora y Pacheco
Colonia Juárez #31857
Casas Grandes, Chihuahua, México**

Please ensure that the application is fully completed and accurate. For information not present or not relevant write in capital letters **(N/A)** in the respective field.

If you have any questions regarding this application, please contact the School Registrar (Sis. Yanyre Vizcaino).

Please return this application to the Registrar's Office, no later than June 5, 2025. This will allow the Scholarship Committee sufficient time to reach a decision and respond to you before the start of the new school year.



Recent student picture

Section 1: Student Information

This section should be completed by the parent or guardian of the applicant.

FIRST NAME	MIDDLE NAME	LAST NAMES
GENDER (CIRCLE) M / F	DATE OF BIRTH (DD/MM/YYYY) / /	NEXT YEAR GRADE LEVEL
STREET & HOUSE NUMBER	CITY	STATE
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS PROVIDED ABOVE)		
EMAIL	HOME PHONE	MOBILE
NAME OF SCHOOL ATTENDING NEXT YEAR	WARD/BRANCH	STAKE/DISTRICT

Section 2: Parent/Guardian Information

This section should be completed by the parent or guardian of the applicant.

FATHER			
FIRST NAME	LAST NAME	LIVING IN THE HOME? Y / N	OCCUPATION
MOBILE PHONE	HOME PHONE	ADDRESS (IF DIFFERENT FROM ADDRESS LISTED IN SECTION 1)	
CURRENT WORK STATUS <input type="checkbox"/> Working <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unable to Work <input type="checkbox"/> Retired			SALARY PER MONTH
CURRENT WORK TITLE/DESIGNATION (IF EMPLOYED)		CURRENT EMPLOYER/ORGANIZATION (IF EMPLOYED)	
MOTHER			
FIRST NAME	LAST NAME	LIVING IN THE HOME? Y / N	OCCUPATION
MOBILE PHONE	HOME PHONE	ADDRESS (IF DIFFERENT FROM ADDRESS LISTED IN SECTION 1)	
CURRENT WORK STATUS <input type="checkbox"/> Working <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unable to Work <input type="checkbox"/> Retired			SALARY PER MONTH
CURRENT WORK TITLE/DESIGNATION (IF EMPLOYED)		CURRENT EMPLOYER/ORGANIZATION (IF EMPLOYED)	
GUARDIAN (IF DIFFERENT FROM FATHER OR MOTHER)			
FIRST NAME	LAST NAME	RELATIONSHIP TO CHILD	OCCUPATION
MOBILE PHONE	HOME PHONE	ADDRESS (IF DIFFERENT FROM ADDRESS LISTED IN SECTION 1)	
CURRENT WORK STATUS <input type="checkbox"/> Working <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unable to Work <input type="checkbox"/> Retired			SALARY PER MONTH
CURRENT WORK TITLE/DESIGNATION (IF EMPLOYED)		CURRENT EMPLOYER/ORGANIZATION (IF EMPLOYED)	

Section 3: Dependants Supported

This section should be completed by the parent or guardian of the applicant.

All dependants requiring financial support from the "Head of Home" should be listed on this form.

FULL NAME	AGE	RELATIONSHIP TO HEAD OF HOME	NAME OF SCHOOL/UNIVERSITY/MISSION

Section 4: Supplementary Income

This section should be completed by the parent or guardian of the applicant.

Is there any type of financial support being received for the home from others not living at home?

SUPPLEMENTARY INCOME TYPE 1	TYPE 1 AMOUNT	SUPPLEMENTARY INCOME TYPE 2	TYPE 2 AMOUNT
_____	_____	_____	_____

Section 5: Other Information

This section should be completed by the parent or guardian of the applicant in consultation with the Bishop/Branch President.

Please explain any additional factors which you feel the Scholarship Committee should be aware of in order to help make a decision regarding your request (i.e. any temporary financial difficulties, family expenses, major illness, etc.). Please feel free to add an additional page if needed:

Section 6: Parent/Guardian Signature

This section should be completed by the parent or guardian of the applicant.

I, _____, hereby state that the information provided in this application is true to the best of my knowledge and belief. I understand that any falsification of information may result in the cancellation of the scholarship, admission, or graduation. In such a case, I will be liable and required to refund the entire amount received under the scholarship.

PARENT/GUARDIAN SIGNATURE

DATE (DD/MM/YYYY)

/ /

Section 7: Bishop/Branch President Endorsement

This section should be completed by the Bishop/Branch President.

Please review the information provided in this application and provide your endorsement in the space below as to the financial needs and tuition assistance required for this student:

BISHOP/BRANCH PRESIDENT NAME

DATE (DD/MM/YYYY)

/ /

BISHOP/BRANCH PRESIDENT SIGNATURE

WARD/BRANCH NAME

SECTION 8: SCHOLARSHIP COMMITTEE REVIEW

Parents, Guardians, Bishops and Branch Presidents: Please ignore this section. This section is to be completed by the Scholarship Committee.

APPLICATION REVIEW DATE (DD/MM/YYYY)

AMOUNT GRANTED BY SCHOLARSHIP COMMITTEE

SCHOLARSHIP NOTIFICATION SENT TO APPLICANT

/ /

Y / N

SCHOLARSHIP COMMITTEE NOTES