



The
Good News Foundation
of Central New York Inc.

*Sharing the love and knowledge of Jesus Christ through hospitality, spiritual growth and renewal,
support of individuals, parish communities and family life.*

HAZEL D. SCHEIDELMAN SCHOLARSHIP through THE GOOD NEWS FOUNDATION
Application for 2025-2026 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 Must Submit Separate Forms for Each School	Amount Requesting - \$750 Maximum Award per Child

HOUSEHOLD INCOME: (Income from all household members must be listed.) Applications with no income listed or failure to complete this section will not be considered.

Names of Employed Household Members:	Employer And City	Annual Gross Income Must Be \$70,000 or Less*
Additional Household Income (not included above)	Child Support	
	Grants & Tap	
	Other Assistance:	
	Alimony:	

TOTAL ANNUAL INCOME: (must be \$70,000 or less)* _____

Additional information may be attached in a letter of less than 100 words explaining extraordinary circumstances affecting the household's financial means. *If income is over \$70,000 and you have extraordinary circumstances, please attach a letter and your application will be taken into consideration.

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: _____