

Founders Scholarship to St. Gabriel's Catholic Middle School

For New Students

Thank you for applying for the Founders Scholarship to St. Gabriel's Catholic School. As you will read in the application packet, this partial scholarship (2/3 of tuition) has been awarded with the hope that families interested in Catholic education for their children, but concerned about the high rates of a private school are able to send their child to a nearby Catholic school.

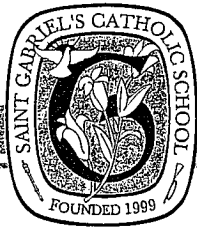
(St. Gabriel's is recognized by the Diocese but receives no funding from parishes or the diocese beyond free will contributions.)

Enclosed please find forms from St. Gabriel's:

- A letter explaining the Scholarship
- An application form
- 2 recommendation forms for your child's teachers (Math and Language arts) to complete
- A Parent Perspective questionnaire: this is your opportunity to give us insight into your view of your child.

In addition to the requirements of St. Gabriel's, the parish requirements are as follows:

- Proof of family membership in the parish, in good standing
- Evidence of the family commitment to service in the community and/or the parish
- A letter of recommendation from the pastor.



Founders Scholarship

Overview

Established this year, the Founders Scholarship honors the founding families of St. Gabriel's Catholic School whose vision made St. Gabriel's possible and who wanted to create a school which would provide an education to families of varying incomes. The Founders Scholarship for the 2012-2013 academic year is \$9,000.

Scholarship Eligibility

The Founders Scholarship is available to two middle school students (Grades 6-8) from each of the following parishes: Emmaus, St. John Neumann, and St. Catherine of Siena. To be considered for a Founders Scholarship at St. Gabriel's Catholic School students must be recommended by their pastor and meet the admissions and scholarship criteria outlined below.

Admissions and Scholarship Criteria

In selecting children for each class, St. Gabriel's looks for students of good character and demonstrated academic ability who bring a diversity of talents, interests, and experiences. An eagerness to learn, positive attitude, and readiness to work are vital to success in the St. Gabriel's program.

- The family should be in good standing with the parish, unable to afford full tuition*, and seeking the benefits of a Catholic Education for their child.
- The student must be a new applicant to the Middle School (Grades 6-8) who demonstrates strong moral character and a commitment to service, possesses exemplary citizenship grades, and would be a positive contributor to the school community.
- The student should have maintained a "B" (3.0 or above) average in school work and have at least two teacher recommendations: preferably, one from a language arts teacher and one from a mathematics teacher.
- The student and his/her family must receive the recommendation of the pastor.

Finally, the candidates would complete the normal application and the ISEE testing required of all students for admission.

*As a general guideline, a family with more than one child and an income of up to \$150,000 could be a candidate for this scholarship.

Student Tuition and School Fees

Assuming the student remains in good standing and re-enrolls in St. Gabriel's, the Founders Scholarship is renewable for up to two additional years. The amount of tuition that a family pays each year of the scholarship is fixed at \$6,525, regardless of any increases in St. Gabriel's tuition (For 2012-2013, the Middle School tuition is \$15,525). The other fees beyond tuition that a family is responsible for paying are limited to: 1) a Comprehensive Fee; and 2) the one-time purchase of a laptop computer.

- **Comprehensive Fees:** Each year the Comprehensive Fee for families covers most additional expenses that are part of the school year. The Comprehensive Fee changes each year to reflect the unique costs and fees associated with a particular grade level. For example, the 6th Grade Comprehensive Fee covers school retreats, field trips, the school yearbook, school supplies, P.E. uniforms, and school dances.
 - \$628 (6th grade)
 - \$583 (7th grade)
 - \$528 (8th grade)

- **Laptop Computer:** The one-time purchase of a laptop computer through the school is approximately \$800. This cost covers the purchase of a laptop, a storage bag, charger, all school software and its installation, as well as maintenance and insurance agreements. Since the students use a laptop extensively each year, it is required of all students in the Middle School. And because a family purchases the laptop, it remains with the student after graduation.

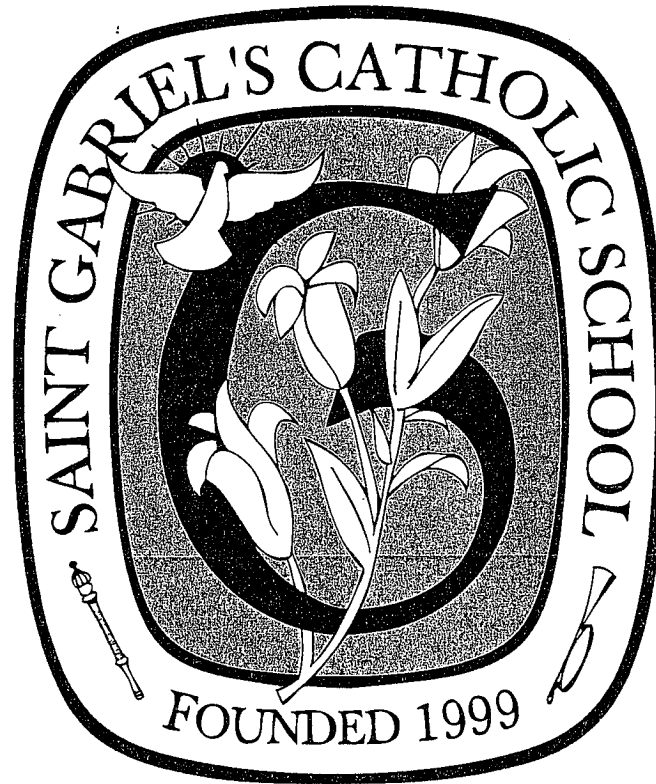
In offering the Founders Scholarship, the school is waiving the \$2,600 new student fee.

Scholarship Restrictions

The Founders Scholarship is renewable up to two years, but is non-transferable.

Selection Process

Candidates for the Founders Scholarship are selected by the pastor. Should new or unrevealed information surface in the admissions process that would contradict the admissions criteria or raise the concern that a candidate would not be successful in St. Gabriel's program, the school will meet with the pastor to discuss the issues or areas of concern.



APPLICATION FOR ADMISSION (PK-8)

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APPLICATION FOR ADMISSION (PK-8)

Priority Application Deadline: January 13, 2012. Please return the completed application with a non-refundable \$250 application and testing fee (Pre-Kindergarten-First Grade) or \$150 application fee (Second - Eighth Grade) via check payable to St. Gabriel's Catholic School. Applications submitted after the priority deadline will be considered as space permits.

Student Photo

Please note the following age limitations:

- Applicants to Pre-Kindergarten must be four years of age by September 1, 2012.
- Applicants to Kindergarten must be five years of age by September 1, 2012.
- Applicants to First Grade must be six years of age by September 1, 2012.

APPLICANT INFORMATION

Applying for Grade _____ in 2012-2013

Previous Applicant? Yes, year: _____ No

Class Preference (Pre-Kindergarten Only):

Morning (8 a.m. - Noon) Afternoon (11:30 a.m. - 3:30 p.m.) No Preference

Saber Tots (Extended-care) Preference (Pre-Kindergarten Only):

Morning (8 a.m. - 11:30 a.m.) Afternoon (Noon - 3:30 p.m.) No Preference Not interested in Saber Tots

Note: Both options include care from 3:30 p.m. - 5:30 p.m.

If interested in Saber Tots, how many days per week? 1 2 3 4 5

Full Legal Name (please print): _____
Last First Middle Preferred Name

Male Female Date of Birth: ____ / ____ / ____ Birthplace: _____ U.S. Citizen: Yes No

Applicant's first language: _____ Primary language spoken at home: _____

Ethnic origin (optional): African American Asian American or Pacific Islander Caucasian Latino/Hispanic

Native American or Native Alaskan Multi-racial Middle Eastern American International—Students who are not

U.S. citizens or permanent residents Other: _____

EDUCATIONAL HISTORY

Current School: _____ Current Grade: _____

Street Address of School: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Schools Previously Attended:

1) School Name: _____ Dates of Attendance: ____ / ____ - ____ / ____ Grade(s): _____

School Address: _____ School Phone: (____) _____

2) School Name: _____ Dates of Attendance: ____ / ____ - ____ / ____ Grade(s): _____

School Address: _____ School Phone: (____) _____

Has the applicant ever skipped or repeated a grade? Yes No If yes, which grade and why? _____

ST. GABRIEL'S CATHOLIC SCHOOL

EDUCATIONAL HISTORY

Has the applicant ever been subject to major disciplinary action (probation, suspension, dismissal) in any school? Yes No
If yes, provide grade, date, and explanation on a separate sheet of paper.

Has the applicant ever been evaluated for any of the following? Yes No
(If yes, please check all that apply and explain on a separate sheet of paper. **A copy of the professional documentation or report is required with this application.**)

Learning Differences / Disabilities Date: ____ / ____ Doctor/Evaluator: _____

Vision Issues Date: ____ / ____ Doctor/Evaluator: _____

Hearing Issues Date: ____ / ____ Doctor/Evaluator: _____

Speech Issues Date: ____ / ____ Doctor/Evaluator: _____

Does the applicant take any prescribed medication(s) or need any special medical attention? Yes No

If yes, please explain and list the condition(s) and medication(s): _____

FAMILY INFORMATION

Father/Step-Father/Legal Guardian

Mr. Dr.

Last First Preferred Name

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Employer: _____

Occupation/Title: _____

Business Phone: (____) _____

Mother/Step-Mother/Legal Guardian

Mrs. Ms. Dr.

Last First Preferred Name

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Employer: _____

Occupation/Title: _____

Business Phone: (____) _____

Student lives with: Both parents Mother Father Other: _____

Check all that apply: Parents married Parents separated Parents divorced Single parent Mother remarried
 Mother deceased Father remarried Father deceased

continued on reverse

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FAMILY INFORMATION

If parents are divorced, who has legal custody of the applicant? _____

If parents share custody, please indicate the applicant's primary residence. With mother With father With legal guardian

If parents are divorced, who will assume financial responsibility for the applicant? _____

Religious Affiliation: _____ Place of Worship: _____

Are the following Catholic? (check if yes) Student Father Mother Guardian

Brothers and Sisters of Applicant

1)	_____	_____	_____	_____
	<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Present Grade</i>
2)	_____	_____	_____	_____
	<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Present Grade</i>
3)	_____	_____	_____	_____
	<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Present Grade</i>
4)	_____	_____	_____	_____
	<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Present Grade</i>

Please list all siblings/relatives who attend or have attended or graduated from St. Gabriel's Catholic School: _____

FINANCIAL AID

Do you plan to apply for financial aid? (Requests for aid have no bearing on admission decisions.) Yes No
If yes, please request a financial aid packet from the Admissions Office.

PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION FOR REVIEW.

I certify that the information provided in this application is complete and accurate. I understand that failure to disclose information about the applicant's educational, medical, emotional, or behavioral history may affect St. Gabriel's admission decision. The School reserves the right to reverse its decision, even after acceptance and enrollment, if such information has been withheld or falsified.

Father/Legal Guardian: _____ Date: ____ / ____ / ____

Mother/Legal Guardian: _____ Date: ____ / ____ / ____

St. Gabriel's Catholic School complies with applicable local, state and federal laws regarding discrimination.

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CONFIDENTIAL TEACHER RECOMMENDATION: APPLYING FOR GRADES 1-8

Applicant's Name: _____ Candidate for _____ grade in August _____

I waive my right of access and that of my child's to this recommendation form. I grant permission for the person completing this form to speak with an administrator from St. Gabriel's Catholic School.

Parent signature: _____

TO THE TEACHER:

If the parent signature appears above, this recommendation will remain confidential and will not become part of the student's permanent record. Your input is a vital part of our process. Please complete this form carefully and thoroughly.

How long have you known the student? _____

In what grade(s) and subject(s) have you taught him/her? _____

If you had to indicate the outstanding attributes of this student in a few words, what would they be? _____

ACADEMIC QUALITIES (please check appropriate box)

No Basis for Judgment	Weak	Below Average	Average	Good	Outstanding
Academic potential					
Academic achievement					
Effort					
Study habits					
Ability to work independently					
Class participation					
Homework preparation and completion					
Intellectual curiosity					
Use of time					
Willingness to ask for help					
Ability to follow directions					
Attention span					

ENGLISH SKILLS (please check appropriate box)

No Basis for Judgment	Weak	Below Average	Average	Good	Outstanding
Reading skill and interest					
Written expression					
Oral expression					

ACADEMIC QUALITIES (please check appropriate box)

No Basis for Judgment	Weak	Below Average	Average	Good	Outstanding
Computation accuracy					
Conceptual understanding					

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CONFIDENTIAL TEACHER RECOMMENDATION: APPLYING FOR GRADES 1-8

MATH PLACEMENT

Current course level (Grades 6-8 only): _____ Textbook used: _____
 Recommended placement for next year: _____

PHYSICAL DEVELOPMENT (please check appropriate box)

No Basis for Judgment	Weak	Below Average	Average	Good	Outstanding
Integrity					
Respect for others					
Social adjustment with peers					
Responsibility					
Conduct					
Maturity					
Creativity					
Sense of humor					
Emotional stability					
Self-confidence					
Attendance					
Punctuality					

Please list any strengths/weaknesses or problems of which we should be aware. List any special or unusual circumstances (positive or negative) that may be relevant to the student's performance in school. _____

FAMILY INFORMATION

Parents are an important part of our relationship with a student. Please share any thoughts you have regarding this family.

Communication with school: Rarely Sometimes Usually Always

Cooperation with faculty/administration: Rarely Sometimes Usually Always

Participation in school community: Never Seldom When given opportunity Very helpful

Participation in child's education: Rarely involved Sometimes involved Appropriately involved Overly involved

To your knowledge, are the parents' perceptions/expectations of their child consistent with the school's understanding of the child?

Are you aware of any family circumstances that affect the student's life at home?

What kind of support might the student need from our school to reach his/her potential?

Is there any additional information that can be better conveyed in a phone conversation? Yes No

I recommend this student: Enthusiastically Strongly With reservation Not recommended

TEACHER INFORMATION

Name of person completing this form (please print): _____

School Name: _____ Phone number : (____) _____

Signature: _____ Position: _____ Date: ____/____/____

*We sincerely appreciate your cooperation and candor. To ensure your confidentiality, please return this form directly to St. Gabriel's Catholic School:
 2500 Wimberly Lane, Austin, TX 78735*



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PARENT PERSPECTIVE FORM

Applicant Name _____ Applying for Grade _____

Please answer the questions as completely as possible in the space provided or on an attached sheet of paper. We appreciate your effort in trying to help us get to know your child better.

Please briefly describe your child's current preschool or school program and comment on your child's experience in that program (if applicable).

Please tell us about your child's characteristics, personality, and maturity so we may have a clear picture of how you view him or her.

Please tell us about your child's talents, accomplishments, challenges, extra-curricular interests, etc.

Please share with us any factors that have had an impact on your child's academic or social progress (examples: health concerns, learning challenges, and changes in home, school, or family situation).



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PARENT PERSPECTIVE FORM

How do you view your role in your child's education?

How might St. Gabriel's be a good match for your child and family?

What are your expectations for your child's experience at St. Gabriel's?

Please share any additional comments that might allow us to get to know your child.

Parent Name (please print): _____

Parent Signature: _____ Date: _____