

# Jose & Rebecca Gomez Scholarship Application

Sacred Heart Catholic School  
Farmington, New Mexico



2026-2027 Academic School Year

Application is due May 4, 2026

Scholarship to be mailed to *Ms Emily Chavez, 110 Road 3000, Aztec, NM 87410*  
or *Sacred Heart Catholic School. Any questions call (505)215-2680.*

Additional applications can be requested at [jose.rebecca.scholarship@gmail.com](mailto:jose.rebecca.scholarship@gmail.com)

*Please Print Clearly. If more than one child is applying from the same family, please fill out an overall application for the family. However, each child applying must provide a separate faith information (Essay) section.*

(K-8 only – for upcoming academic year)

Applicant Name

Gender

Grade

Applicant Name	Gender	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registered Member of \_\_\_\_\_ (Church or Parish)

Name of Parents/Guardians: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Signature Date

\_\_\_\_\_  
Mother/Guardian Signature Date

Signatures above certify that all information provided on this application is true to the best of my knowledge.

(Area below to be filled out by Scholarship Administration)

APPLICANT ASSIGNMENT NUMBER

Jose & Rebecca Gomez Scholarship Application

\_\_\_\_\_

**Financial Information:** (p. 1 of 2)

Applicant Assignment Number

A. Number of people in household \_\_\_\_\_

_____
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B. Wages: (To be considered, you **MUST** include a copy of your 2025 tax return to verify wages - first 2 pages of the Federal 1040 form). Only put numerical values to the dollar in the blanks provided.

Father/Guardian Annual Income: \$ \_\_\_\_\_

Mother/Guardian Annual Income: \$ \_\_\_\_\_

C. Social Security Assistance: \$ \_\_\_\_\_  
(Attach last year's SS statement)

D. Public Financial Assistance: \$ \_\_\_\_\_  
(Attach proof of last year's payment received)

E. Other Income (Child Support, etc.) \$ \_\_\_\_\_  
(Attach proof of last year's payments received)

TOTAL INCOME: \$ \_\_\_\_\_

PLEASE NOTE: If your taxes are not complete, the application is still due May 4, 2026. However, proof of income is still required to be provided.

Do not provide identification information on this page. All such documentation will be attached to page 2 of this form.







**Sibling Information:**

Applicant Assignment Number

In the spaces below indicate how many siblings have attended or will attend Sacred Heart for the coming academic year. (Siblings ONLY include full, step, or half-brothers/sisters or other children in Foster care. This does NOT extend to cousins/uncles/aunts.

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Please do NOT list actual names but indicate relation (E.g., Brother, Stepsister).

<b>Sibling Relation</b>	<b>Attended Sacred Heart 2025/2026 Academic year</b>	<b>Will attend Sacred Heart 2026/2027 Academic year</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**All information will be corroborated before final selection is made.**