



George S. Kurtz Scholarship Grant Application

The George S. Kurtz Scholarship was established in honor of Archbishop Joseph E. Kurtz's older brother, Georgie, who was born with the GIFT of Down syndrome. Having been very close to his brother, Archbishop Kurtz strongly advocates for inclusive educational opportunities for all children with the Catholic school system. The grant program begun by Angels in Disguise, and blessed by Archbishop Kurtz, helps promote and fund opportunities for students with Down syndrome to attend Catholic schools with their typically developing peers.

Please note:

- Preference is given to schools whose tuition structure is the same for all students regardless of special needs.
- All applications must be received by May 15th for the upcoming academic year.
- Scholarship recipients will be selected and notified of their award on or before July 15.
- Scholarship funds will be disbursed to the recipients school on or before October 15, after enrollment verification and attendance has begun.

Please include the following with this application:

- A letter from a member of the Administrative team of the Catholic school your child is enrolling in or has already enrolled in, verifying enrollment as well as stating the tuition structure of the school and verifying your family's financial need.
- A picture of your child
- The signed photo release waiver, that permits Angels in Disguise to use photos of your child for promotional purposes.

PARENT APPLICANT INFORMATION

Mother Name: _____ Phone Number: _____

Street Address: _____ City/State/Zip: _____

Email Address: _____ Religious Affiliation: _____

Father Name: _____ Phone Number: _____

Street Address: _____ City/State/Zip: _____

Email Address: _____ Religious Affiliation: _____

Briefly describe student's relationship to those residing in primary household: _____

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STUDENT APPLICANT INFORMATION

Student Name: _____ Date of Birth: _____ Grade Level: _____

Has this child been diagnosed with Down syndrome? [] yes [] no

Has this child been diagnosed with any additional medical or learning complications? If yes, describe:

Religious Affiliation: _____

SCHOOL INFORMATION

School Name: _____ Phone Number: _____

Street Address: _____ City/State/Zip: _____

Primary Contact: _____ Email: _____

Is this school religiously affiliated? Qualify: _____

Annual Tuition Rate: _____

Tuition rate different for children with special needs vs. typical needs? [] yes [] no

School web address: _____

BRIEFLY STATE WHY YOU ARE PURSUING A CATHOLIC SCHOOL EDUCATION FOR YOUR CHILD AND PURSUING FINANCIAL ASSISTANCE:

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HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP OPPORTUNITY? _____

STATEMENT OF INTEGRITY AND UNDERSTANDING

1. I declare that all the information I have provided on all pages of this application is true and accurate to the best of my knowledge.
2. I acknowledge and understand that receipt of funding for this school year does not guarantee funding for future years.
3. I authorize the school listed in this application to provide any relevant information in their possession to the Angels in Disguise for use in considering me for admission or verifying my credentials for admission, and I expressly waive any required notice to me.
4. I hereby grant Angels in Disguise permission to use the photographs provided to them in any and all publications, including but not limited to, printed and digital promotional materials for website and social media for the purposes of promoting the organization and the scholarship grant program.

PARENT SIGNATURE: _____ DATE: _____

Mail your application to:

Angels in Disguise

Attn: George S. Kurtz Scholarship

2400 Envoy Circle #2406

Louisville, KY 40299