

Agnes Ayoub “BAB” Fund

Application

Send completed proposal forms to: Traci Skalberg, Kneale Administration Building
123 South Webb Road, P.O. Box 4904, Grand Island, NE 68802

Date: _____

Student Name (first name only): _____

School Name: _____

Referred by: _____

Nature of request (What is the need?):

Amount of request: _____

If applicable, has the student tried to earn funds for this opportunity himself/herself?

Are there other scholarships or funding opportunities that might fulfill this need? _____

If yes, have these sources been solicited for aid? Please explain.

Are there current circumstances in the student’s life that are contributing to inability to pay?

What are the circumstances? (Please be brief and general such as “Dad lost his job,” etc.)

When is funding needed? _____

Principal Signature: _____ **Date:** _____