

## Guardian Angel Program



**For the 2010-2011 School Year  
Return to:  
Office of the Registrar  
1320 Tremont Street  
Galveston, Texas 77550  
(409) 765-5534**

### GUARDIAN ANGEL PROGRAM

### APPLICATION FORM

Student's Name:

\_\_\_\_\_

Last	First	M.I.	Returning/New
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Parents / Guardians:

Father / Guardian

\_\_\_\_\_

Mother / Guardian

\_\_\_\_\_

Occupation

\_\_\_\_\_

Occupation

\_\_\_\_\_

Work Telephone

\_\_\_\_\_

Work Telephone

\_\_\_\_\_

Check One:

\_\_\_\_\_

Married

Check One:

\_\_\_\_\_

Married

\_\_\_\_\_

Divorced

\_\_\_\_\_

Divorced

\_\_\_\_\_

Single

\_\_\_\_\_

Single

\_\_\_\_\_

Separated

\_\_\_\_\_

Separated

Student's Home Address

\_\_\_\_\_

Street	City, State	Zip
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Student's Home Phone:

\_\_\_\_\_

Financial Aid Received:

\_\_\_\_\_

Guardian Angel Amount:

\_\_\_\_\_

Monthly Payments – August 2010 through May 2011: \_\_\_\_\_

*Assistance is applied toward tuition only. Registration fees must be paid.*

**Please complete all 3 attached forms.**  
**Guardian Angel committee will only review completed forms.**

Financial Form:

Own / Rent (Please circle one)

Mortgage or Rent Amount \_\_\_\_\_ (per month)

Motor Vehicle \_\_\_\_\_ (per month)

Utilities \_\_\_\_\_ (per month)

Groceries \_\_\_\_\_ (per month)

Tuition  
(private school or college) \_\_\_\_\_ (per month)

Other \_\_\_\_\_

Please list all other household members who contribute financially to the family:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please discuss any other financial hardship below:

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Essay Form:

Student

1. Discuss your commitment to academic achievement to O'Connell College Preparatory School.  
(Use back of this page if needed)

Parents

2. Discuss your commitment to development and support of the O'Connell family.

Please note that ALL families who are recipients of Guardian Angel funding will be required to participate in assistance to the school, and a record of all hours of service donated to the school will be kept. Assistance may be removed to families who do not contribute time and/or services back to the school.

<i>Substitute Teacher</i>	<i>Gardening</i>
<i>Cafeteria Assistant</i>	<i>Carpentry</i>
<i>Security</i>	<i>Electrical</i>
<i>School Nurse</i>	<i>Plumbing</i>
<i>Painting</i>	

In exchange for financial assistance, I agree to complete a minimum of 20 hours of service to O’Connell College Preparatory School. Failure on my part to do so will result in removal of funds, which I will be required to repay prior to my child’s records being released. The duties I will perform are: (check one)

Saturday work days at school (2<sup>nd</sup> Sat. of each month, beginning in August) \_\_\_\_\_

Cafeteria Assistant 1 time/week: Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thur. \_\_\_ Fri. \_\_\_

Substitute teacher 1 day/week: Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thur. \_\_\_ Fri. \_\_\_

*Summer work:*

Working at YMCA (paint gym, sand floor, varnish) \_\_\_\_\_

*Athletic:*

Work gate/concessions for all home games for a sport which my child is not participating Volleyball \_\_\_  
Basketball \_\_\_ Baseball \_\_\_ Softball \_\_\_

*Spring semester:*

Spring BBQ Cookoff \_\_\_ Sports Banquet \_\_\_ Academic Banquet \_\_\_  
(Each of these options are committee chairperson positions)

I understand that the Guardian Angel committee is not responsible for providing assistance should something arise that prevents me from fulfilling my obligations.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Angel Rep \_\_\_\_\_ Date: \_\_\_\_\_