



**Butte Central Catholic High School
Bishop Thomas Scholars Academy
2019-2020 Application**



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|----------------------------|---------------------------------------|
| Student Name | Parent Name |
| Student Email | Parent Cell # |
| Current Grade Level | Emergency Contact Name & # |

Students will complete the following sections (use additional paper if necessary).

Briefly describe your academic goals for high school. What are your plans for college and career options you prefer? Have you discussed these options with your parents?

Why are you applying for the Bishop Thomas Scholars Academy (BTSA)? What do you hope to accomplish by participating by participating in the BTSA?

Parent's Acknowledgment and Permission

As the parent, I support the application and participation of my child to the Bishop Thomas Scholars Academy (BTSA) at Butte Central Catholic High School. I agree to encourage and support my child's efforts and the efforts of the school in this program.

Parent signature _____ Student signature _____

(Return the entire completed application to the Registrar office at Butte Central Catholic High School)

Faith ~ Family ~ Excellence ~ Tradition
HS PH: (406) 782-6761 ex: 2101 Fax: (406) 723-3873
Home of the Maroons!

