



SCHOLARSHIP APPLICATION

Saint James PTO is offering a \$1000 scholarship to a deserving high school graduate. This scholarship will be paid directly to the scholarship winner to help defray expenses.

All applicants must meet the following criteria, complete the attached application and forward to the Saint James Catholic School office on or before **March 31, 2023**.

1. Presently a parishioner of Saint James or regional Catholic Church
2. A graduate of Saint James Catholic School
3. High school senior planning to attend an institution of higher learning (college, university or trade school)
4. 3.0 or higher G.P.A.
5. Must be active in Saint James Catholic Church or other regional Catholic Church activities
6. Financial need
7. Completed **application must be** returned to Saint James Catholic School office on or before **March 31, 2023**.

Mail completed Application to:

**St. James Catholic School
Attn: Patrick Meredith, PTO Scholarship
401 Robinbrooke Blvd
Elizabethtown, KY 42701**

OR

Applications can be hand delivered in a sealed envelope, addressed same as above.



General Information

Name _____

Address _____

Email address: _____

Telephone _____

Date of Birth _____

Member of _____ Catholic Church since _____

High School _____

READ THE FOLLOWING CAREFULLY, THEN SIGN YOUR NAME

I understand that I must attend an institution of higher learning in order to receive the scholarship. I understand that I can use this scholarship for tuition, books, room/board or other related fees associated with this advancement in my education and life.

Signature _____ Date _____

I, _____, parent of the above named student, confirm that all information provided on this scholarship application is correct and true.

Parent Signature _____ Date _____

The deadline to turn in this application is March 31, 2023. Late applications will not be accepted for any reason.



FINANCIAL NEED ASSESSMENT

The Saint James PTO Scholarship Committee will focus on information from academic records, school and community involvement, work experience and personal goals. A final criterion to be used by the committee is the financial need of the applicant.

Please have a parent or guardian provide information as requested below. This information will not be disclosed or discussed by any committee member.

Annual household income (check the appropriate block)

_____ \$19,999 and below

_____ \$20,000 to \$34,999

_____ \$35,000 to \$49,999

_____ \$50,000 to \$74,999

_____ \$75,000 to \$99,999

_____ \$100,000 and above

_____ Number in Household

_____ Additional children in college, university or trade school

Please provide information regarding any special or unusual expenses that are expected to occur (high tuition cost, illnesses or other family emergencies which have made this scholarship funding more important).



Extra-Curricular Activities / Community & Church Involvement / Employment

1. School involvement – list any club, sport or other school sponsored activities in which you have participated, noting leadership positions, years of participation, etc.

1. Community/Church involvement – list any community or church involvement in which you volunteered your time and assistance. Name leadership positions, years of participation, etc.



2. Work experience – list and describe any work experience, volunteer or paid. Please include the approximate amount of time involved.



3. Educational Plans

A. What higher education institution do you plan to attend?

B. What do you want to accomplish by attending this institution of higher learning?

C. What is the status of your application?

D. List all scholarships/grants for which you have applied, and the amounts if already awarded



STUDENT EVALUATION FORM #1

Student Name _____

Relationship to Student _____

Name of Evaluator _____

Evaluator Signature _____

Date _____

Phone _____



STUDENT EVALUATION FORM #1

Dear Evaluator:

This evaluation form is to be completed by a teacher or an adult associate (no family members) of the above student. This student is applying for a \$1000.00 continuing education scholarship to be awarded by the Saint James PTO.

Thank you in advance for taking the time to complete this evaluation form. Please feel free to make any comments that would help this student during this consideration process.

1. Keeping the above student in mind, score each of the characteristics listed below with one of the following: Outstanding, good, or average.

Leadership _____ Creativity _____

Motivation & Energy _____ Work Habits _____

Respect & Concern for Others _____ Effort & Follow Through _____

Emotional Maturity _____ Personal Initiative _____

Potential to Society _____

2. Please provide comments regarding the student’s abilities and potential **(for anonymity, please do not use students name below)**:



STUDENT EVALUATION FORM #2

Student Name _____

Relationship to Student _____

Name of Evaluator _____

Evaluator Signature _____

Date _____

Phone _____



STUDENT EVALUATION FORM #2

Dear Evaluator:

This evaluation form is to be completed by a teacher or an adult associate (no family members) of the above student. This student is applying for a \$1000.00 continuing education scholarship to be awarded by the Saint James PTO.

Thank you in advance for taking the time to complete this evaluation form. Please feel free to make any comments that would help this student during this consideration process.

- 3. Keeping the above student in mind, score each of the characteristics listed below with one of the following: Outstanding, good, or average.

Leadership _____ Creativity _____

Motivation & Energy _____ Work Habits _____

Respect & Concern for Others _____ Effort & Follow Through _____

Emotional Maturity _____ Personal Initiative _____

Potential to Society _____

- 4. Please provide comments regarding the student’s abilities and potential **(for anonymity, please do not use students name below):**

RELEASE OF ACADEMIC RECORDS



TO THE STUDENT: In order for the school to release information concerning you, you must sign below. Complete the required information below and give this form to your counselor or school administration office.

TO THE SCHOOL ADMINISTRATION: The student named below is applying for a scholarship from Saint James Catholic School PTO. One aspect of the evaluation is the overall grade point average and class standing of the student. Please provide this information, as authorized by the student pursuant to the release below, and mail it in the postage paid return envelope.

I _____, SS# _____,
hereby authorize _____ to release my grade point average and class standing to the Saint James School PTO Scholarship Committee for the purpose of determining my scholarship eligibility.

Student Signature _____ Date _____

Parent Signature _____ Date _____

School Admin Signature _____ Date _____

Position _____ School: _____

(SJS PTO admin cut) **Academic Record**

GPA _____

Class Standing _____ out of _____ students

List any Honors, AP, or Dual Credit courses:

Remarks **(for anonymity, please do not use students name below):**
