



## **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 **April 5, 2024**.

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 **April 5, 2024**.

### **Mail completed Application to:**

**St. James Catholic School  
Attn: Stephanie Gendron, 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 April 5, 2024. 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

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\_\_\_\_\_ 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).

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**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.

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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.

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

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3. Educational Plans

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

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

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C. What is the status of your application?

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

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- 4. Essay – How do you feel your time at SJS has impacted your life so far? How has it affected the direction of your future? 250 words or less.

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5. Essay – Tell us about a time you failed and what you learned from it. 250 words or less.

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**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)**:

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**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):**

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**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: \_\_\_\_\_

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

GPA \_\_\_\_\_

Class Standing \_\_\_\_\_ out of \_\_\_\_\_ students

List any Honors, AP, or Dual Credit courses:

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

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