**St. Mary Catholic Parish**

*Scholarship Guidelines & Application*

Staff Liaison:

1. Fill out/check yellow highlighted areas before giving to applicant.
2. Give completed application to Dir of Business Operations for processing.
3. Dir of Bus Ops gives final copies to:
   1. Accounting Manager for Journal Entry
   2. Staff Liaison who will notify applicant.
   3. Admin Assistant/Receptionist for billing.

# NAME OF EVENT/PROGRAM:

Steubenville Conference

If you are interested in attending the above program/event but are unable to afford the fee, St. Mary Catholic Parish **may** be able to offer a scholarship based on **available funds**. To qualify, this application must be filled out in its entirety and:

RETURNED TO: Andy Green

Staff Liaison Name

NO LATER THAN: February 15th

Date

## Total Cost of Program/Event $ 150 Application Procedure

1. Completed applications must be returned to the parish office via email or USPS. Please check with the Staff Liaison to verify that your application has been received.
2. It is preferred that application be typed. Additional pages may be used if more room is needed for any responses. It is most important that your responses are detailed and complete. Any questions should be directed to your Staff Liaison.
3. After your application is reviewed, you will be notified via email or phone call by your Staff Liaison of any amount to be awarded.
4. Scholarships will be awarded for no more than 50**%** of the total cost of the event or program.
5. If you are awarded a scholarship, you are expected to attend the event/program in its entirety and with a spirit of openness to personal and spiritual growth.

## Contact Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name Middle Initial Last Name

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### (If applicant is under age 18)

Scholarship Application Page 1

Name of Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Scholarship Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Reason for Request

Please give a brief synopsis of why you are asking for financial assistance. Be sure to include any special circumstances that are creating financial difficulties for you and/or your family at this time.

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### Parish Involvement

Identify areas in which you have been active in the parish.

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### Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | (THIS SECTION REQUIRED 0NLY IF THIS BOX IS CHECKED) |

### Tell Us Your Story

1. Write a brief summary describing your faith journey. Include ways your Catholic faith has impacted your life - give specific examples. Explain why this scholarship is important to you. (You may attach additional sheets if needed.)

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**OFFICE USE ONLY**

**Amount Approved $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**.**

**EXPENSE: Charity/Tithing Account: 5055.00 GENADM**

**INCOME: Your Specific Program Line Item: \_ \_ \_ \_ \_ \_ \_ \_ GEN \_ \_ \_**

**Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pastor/Parochial Vicar/Dir of Business Ops

**ACCOUNTING OFFICE ONLY:**

**Income to Parish Org Gifts: 3012.00 GEN \_ \_ \_ Expense to Scholarship Granted: 5080.00 GEN\_ \_ \_**

Scholarship Application Page 2