

ST. JOHN THE BAPTIST CATHOLIC CHURCH

DIOCESE OF CHARLOTTE ◆ 180 LAUREL AVENUE ◆ TRYON, NC 28782 ◆ (828) 859-9574 FAX: (828) 859-5932 ◆ EMAIL: STJOHNCHURCH@WINDSTREAM.NET ◆ WWW.STJOHNTRYON.ORG

St. John the Baptist Scholarship Application

Criteria for Selection:

The St. John the Baptist Scholarship will be awarded to a graduating high school senior who is an **active**, **confirmed**, **registered** member of the parish. The primary criteria for selection will be Merit and Christian Virtue illustrated by parish and community wide service and expressed in an essay.

Guidelines:

- 1. Must be an <u>active</u>, <u>confirmed</u>, <u>registered</u> member of St. John the Baptist Roman Catholic Church, Tryon, N.C.
- 2. The applicant's privacy will be protected.
- 3. Applications, in full, must be returned to the church office by **January 31**, 2019
- 4. Applicant must be a graduating senior in the current school year.

1.	Applic	ant's full name:	Age:		
	Date o	ant's full name: Address:			
2.	School	presently attending:			
	School phone number:				
3.	Please provide an Official High School Transcript (SIGNED & SEALED) Home-schooled applicants should provide test scores/grades equivalent to public school records.				
	public	school records.			
4.	Family	(Parents or Guardian)			
	A.	Name of father			
		Address			
		Occupation			
	B.	Name of mother			
		Address			
		Occupation			
	C.	Name of guardianAddressOccupation			
	D.	Number of siblings that live in the home			

5.	Will you have any brothers or sisters attend Yes No If yes, give number and				
ба.	Have you applied for or received any colleg	ge scholarships?			
	Yes No				
	List any other scholarships applied for or re-	eceived. (OR ATTACH LIS	T)		
бb.	Scholarship	Status	Amount		
7.	List service, activities & achievements of involvement. (or ATTACH a statement)	—list number of years	involved	by grade	leve
	A. Church				
	B. Community				
	C. School				
					

9.	Where do you plan to further your education? Name of College/University				
	Annual Cost				
	Percentage of annual cost for which you and/or your fami student loans)	ly will be responsible (including			
	Intended Major				
10.	I affirm that I am active in my parish through attendance at Holy Mass and my involvement in the parish (see item 7).				
	Student's Signature:	Date:			
11.	Please have one parent or guardian review this application and then sign and date here:				
	Parent/Guardian Name (printed)				
	Parent/Guardian Signature:	Date:			
11.	Please type a 500 word (maximum) essay—ATTACH a sheet to this page—on the following topic: Be sure to include examples to support your statements.				
	"What the Catholic faith means to me in living a life	e of Christian virtue."			