

*MARY HELP OF CHRISTIANS*

*WOMEN'S CLUB*

*SCHOLARSHIP APPLICATION*

**2010**

# MARY HELP OF CHRISTIANS WOMEN'S CLUB SCHOLARSHIP APPLICATION

-2-

## 1. Overview

---

The Women's Club will select three students to receive scholarships to recognize their contributions to our parish and community. Scholarships of one \$1,000.00 award and two \$500.00 awards will be provided for educational expenses at the college or trade school selected by the recipients.

### Eligibility

1. Must be a high school senior at the time of application
2. Must be an actively participating member of Mary Help of Christians
3. Must have a minimum of 100 parish-related service hours (grades 9-12)

### Evaluation Criteria

1. Church involvement = 70%
2. Faith statement = 15%
3. Community/volunteer involvement = 10%
4. Letters of recommendation = 5%
5. Academic achievement = tiebreaker

### Procedure

1. Complete the entire application
2. Complete the Recommendation Forms (2) and enclose a letter of reference from any 2 of the following:
  - a. Parish Ministry Head (excluding Fr. Tom)
  - b. Teacher
  - c. Other adult familiar with your achievements (over 21 years of age and not a family member)
3. Enclose a copy of your most recent report card
4. Return application and enclosures to:  
Mary Help of Christians  
Attn: Women's Club Scholarship Committee  
5980 University Drive  
Parkland, Florida 33067

The Scholarship Committee will hold all information strictly confidential.

**MARY HELP OF CHRISTIANS WOMEN'S CLUB  
SCHOLARSHIP APPLICATION**

-3-

**2. General Information**

---

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Student lives with:  Mother & Father     Mother     Father  
 Other (specify) \_\_\_\_\_

**MARY HELP OF CHRISTIANS WOMEN'S CLUB  
SCHOLARSHIP APPLICATION**

-4-

**3. Academic Information/Goals**

---

What course of study do you plan to pursue?

---

Describe your educational goals:

---

---

---

To which schools have you applied?

---

---

---

Have you been accepted at any of the above?  Yes  No

# MARY HELP OF CHRISTIANS WOMEN'S CLUB SCHOLARSHIP APPLICATION

-5-

## 4. Recommendation Form

---

The student named below is applying for a scholarship administered by the MARY HELP OF CHRISTIANS WOMEN'S CLUB. Your recommendation is needed as part of the application process. **Please complete this form, along with a letter of recommendation, and return it to the applicant in a sealed envelope, so he or she may submit them as part of a total package.** Please note that recommendations from relatives or persons less than 21 years of age will not be accepted. The application deadline is MARCH 30, 2010, so please return your recommendation to the student in a timely manner to allow him or her to meet the deadline.

**To be completed by applicant:**

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_ + \_\_\_\_\_

School you plan to attend next fall, if known: \_\_\_\_\_

**To be completed by reference:**

Name (please print) \_\_\_\_\_

In what capacity have you known the applicant?

Student       Employee       Other (specify) \_\_\_\_\_

Please enter a check mark in the appropriate cells to rate the applicant in the following categories on a scale of 1 to 5 with 5 being the highest ranking and 1 being the lowest.

	1	2	3	4	5	Unknown
Cooperation						
Initiative						
Intellectual Ability						
Responsibility						
Service						
Work habits						

Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone # \_\_\_\_\_

# MARY HELP OF CHRISTIANS WOMEN'S CLUB SCHOLARSHIP APPLICATION

-6-

## 5. Recommendation Form

---

The student named below is applying for a scholarship administered by the MARY HELP OF CHRISTIANS WOMEN'S CLUB. Your recommendation is needed as part of the application process. **Please complete this form, along with a letter of recommendation, and return it to the applicant in a sealed envelope, so he or she may submit them as part of a total package.** Please note that recommendations from relatives or persons less than 21 years of age will not be accepted. The application deadline is MARCH 30, 2010, so please return your recommendation to the student in a timely manner to allow him or her to meet the deadline.

**To be completed by applicant:**

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_ + \_\_\_\_\_

School you plan to attend next fall, if known: \_\_\_\_\_

**To be completed by reference:**

Name (please print) \_\_\_\_\_

In what capacity have you known the applicant?

Student       Employee       Other (specify) \_\_\_\_\_

Please enter a check mark in the appropriate cells to rate the applicant in the following categories on a scale of 1 to 5 with 5 being the highest ranking and 1 being the lowest.

	1	2	3	4	5	Unknown
Cooperation						
Initiative						
Intellectual Ability						
Responsibility						
Service						
Work habits						

Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone # \_\_\_\_\_







**MARY HELP OF CHRISTIANS WOMEN'S CLUB  
SCHOLARSHIP APPLICATION**

**-10-**

**MARY HELP OF CHRISTIANS WOMEN'S CLUB  
SCHOLARSHIP APPLICATION**

-11-

**8. Parent and Applicant Acknowledgments**

---

**Parent Acknowledgment**

I hereby affirm that the above information regarding my child's parish involvement, community service, and school activities is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Applicant Acknowledgment**

I hereby affirm that the above information is true and accurate to the best of my knowledge. I also understand that any false information given will result in my ineligibility for this scholarship.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date