

SPRING 2018

**Dear Scholarship Applicant,**

Enclosed you will find the application, release form and essay instructions for the St. Michael's Ladies Guild Scholarship. This **\$500 single award scholarship** is granted to a student in the 8<sup>th</sup> grade who is intending to pursue his/her high school education at a Catholic High School in Connecticut. The following requirements must be met to be eligible to receive this scholarship:

1. The applicant must be a parishioner in good standing of St. Michael's Church in Beacon Falls, CT.
2. The student must have maintained a satisfactory scholastic record in middle school or have shown growth towards strong scholastic improvement.
3. The applicant must be currently enrolled and regularly attending religious instruction through the St. Michael's Church CCD program.
4. All applicants must sign a **Permission Release Form** so that the committee can review their school records.

The scholarship selection process will consist of an application review completed by our pastor, a religious education teacher, the guild president, and the scholarship chair. This committee will determine the most eligible student based on the quality of the application and essay. The selected applicant will be notified by the committee chair. The recipient and their parents or guardians will be guests of the Ladies Guild at the annual banquet, at which time, the award will be presented.

Please return the Scholarship Application with TYPED essay no later than March 24, 2018 to the St. Michael's Rectory.

Please contact Silvana Makarewicz at [jsm4547@outlook.com](mailto:jsm4547@outlook.com) or call (203)729-9427 with any questions. We look forward to receiving your application and thank you for recognizing the value of a Catholic education.

SCHOLARSHIP APPLICATION

APPLICANTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: (     ) \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

NAME & AGE OF SIBLINGS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SCHOOL PRESENTLY ATTENDING: \_\_\_\_\_

LIST ANY CHURCH ACTIVITIES YOU HAVE PARTICIPATED IN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY COMMUNITY OR SCHOOL ACTIVITIES YOU HAVE BEEN INVOLVED IN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF CATHOLIC HIGH SCHOOL(S) YOU HAVE BEEN ACCEPTED TO:  
\_\_\_\_\_  
\_\_\_\_\_

ESSAY:

PLEASE TYPE & ATTACH YOUR RESPONSE TO THE FOLLOWING ESSAY QUESTION. PLEASE NOTE THAT THIS ESSAY SHOULD BE 50-150 WORDS.

*“What is the value of a Catholic education in your life? How would you benefit from receiving this scholarship?”*

PERMISSION RELEASE FORM

Please sign the following release which allows St. Michael's Ladies Guild Scholarship chairperson to obtain your child's grades at his/her middle school.

Silvana Makarewicz, Chairperson

(PLEASE PRINT CLEARLY)

I, \_\_\_\_\_ give St. Michael's Ladies Guild Scholarship Chairperson, permission to obtain my child's grades.

CHILD'S NAME: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

SCHOOL PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

