

**PALM BEACH DIOCESAN  
COUNCIL OF CATHOLIC WOMEN  
High School Scholarship Award 2017  
APPLICATION FORM**

**DATE OF APPLICATION** \_\_\_\_\_

**APPLICANT'S NAME**

\_\_\_\_\_

First

Middle

Last

**ADDRESS** \_\_\_\_\_

Street

City

Zip Code

**EMAIL ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **PARISH** \_\_\_\_\_

**SCHOOL NOW ATTENDING** \_\_\_\_\_

**High School accepted to and will attend in the Fall of  
2017** \_\_\_\_\_

**CRITERIA CHECKLIST**

- Applicant/family must be a registered and active member(s) of a Catholic Parish in the Diocese of Palm Beach
- Applicant must include acceptance letter/confirmation from CATHOLIC High School she will be attending in the fall of 2017
- A copy of registration of enrollment will be required when available.
- Applicant must document how she exemplifies leadership qualities in school, parish activities and community service. (see pg 2- Applicant Profile)
- Applicant must include an essay (approx. 200 words) outlining her values and goals as a Catholic student and how they have influenced her to continue in a Catholic High School
- Applicant must include three independent recommendations, using the form entitled RECOMMENDATIONS on pg 4 of the application. The three independent recommendations shall consist of one from each of the following three categories:
  1. *School Principal, Guidance Counselor, or Teacher*
  2. *Parish Priest or Religious Education Director*
  3. *Personal Friend or Community Leader*

A letter may accompany the independent recommendation, but completion of the form RECOMMENDATIONS is required. No more than 3 will be considered.

**Palm Beach Diocesan Council of Catholic Women  
High School Scholarship Award  
2017  
APPLICANT PROFILE (Please Print.)**

**Applicant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

First

Middle

Last

**Parent's/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

City

Zip Code

**Telephone** \_\_\_\_\_

**Elementary/Jr. High schools attended** \_\_\_\_\_

**List complete details of following information, e.g.; amount of time spent description of involvement, responsibilities.**

**If you require additional space, please use reverse side of this paper.**

**Hobbies:(Sports, Music, Art, Drama)** \_\_\_\_\_

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**Community Service: (Hospital Volunteer, Red Cross, Soup Kitchen)** \_\_\_\_\_

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**Parish Involvement (youth groups, ministries, volunteer)** \_\_\_\_\_

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**School Activities and Awards (student government, clubs, and class officer).** \_\_\_\_\_

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**Is there a particular course of study in which you are interested?** \_\_\_\_\_

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**How did you find out about this scholarship? - Through your Parish, School Guidance Office or a member of the Council of Catholic Women.**

**Palm Beach Diocesan Council of Catholic Women  
High School Scholarship Award  
2017**

## **ESSAY FORM (Please print.)**

**APPLICANT'S NAME**

**PLEASE PRINT IN 200 WORDS OR LESS YOUR VALUES AND GOALS AS A CATHOLIC STUDENT AND HOW THEY HAVE INFLUENCED YOUR CHOICE OF SCHOOL. (You may attach a typed copy.)**

**Palm Beach Diocesan Council of Catholic Women**  
**High School Scholarship Award**  
**2017**  
**RECOMMENDATIONS**

## RECOMMENDATIONS

## Recommendation for:

**Applicant's Name** \_\_\_\_\_

## Parish/School

**This Applicant has applied for the Palm Beach Diocesan Council of Catholic Women Scholarship Award. Your evaluation and comments will help facilitate the selection process.**

**Please evaluate the applicant as follows, using a point scale of 1-10, with 10 being the highest score.**

## MATURITY

## INTEGRITY

## ATTITUDE

## LEADERSHIP

## ACADEMIC MOTIVATION

## OVERALL ASSESSMENT

**Summary comments describing this applicant.**

**Please state how long you have known this applicant and why she is worthy of this scholarship.**

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**Please print your name** \_\_\_\_\_ **Relationship to applicant** \_\_\_\_\_

### **Relationship to applicant**

**Signature** \_\_\_\_\_ **Telephone number** \_\_\_\_\_

## RETURN RECOMMENDATIONS BY APRIL 1, 2017 TO:

REVIEWERS

**Marie Lawrence  
PBDCCW HS Scholarship Co-Chair**

1801 SE Burgundy Lane

1001 SE Burgundy Lane  
Port St. Lucie, Florida 34952

**Palm Beach Diocesan Council of Catholic Women  
High School Scholarship Award  
2017**

## CERTIFICATION AND SIGNATURE

All of the information on this application is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this application. Falsification of information may result in termination of any scholarship granted. Applicant agrees to an interview by the Scholarship committee if necessary.

**APPLICANT'S SIGNATURE**

DATE

**PARENT'S/GUARDIAN**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Relate any additional information or special circumstances you feel the Selection Committee should consider in the selection process. PLEASE PRINT**

### Signature

**PLEASE PRINT**

**Palm Beach Diocesan Council of Catholic Women  
High School Scholarship Award  
2017**

**CERTIFICATE OF ELIGIBILITY**

This is to certify that

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and/or her family is/are a registered and active member(s) of this parish.

Reverend

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Pastor

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Church of

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Phone \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATIONS  
MUST BE RECEIVED  
BY APRIL 1, 2017**

**RETURN APPLICATIONS TO:  
MARIE LAWRENCE  
PBdccw HS Scholarship, Chair  
1801 SE Burgundy Lane  
Port St. Lucie, FL 34952**