

RETURN APPLICATIONS TO:

CHRISTINE RODIC
2132 SE Stonecrop Street
Port St. Lucie, Florida 34984
pbdcew@gmail.com

*Please indicate Scholarship in
Subject Line*

*Completed Applications
MUST be received by
April 1st, 2020*

**PALM BEACH DIOCESAN
COUNCIL OF CATHOLIC WOMEN
High School Scholarship Award 2020
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 2020 _____

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 2020.
- 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
2020
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.

Please print your name _____ Relationship to applicant _____

Signature _____ Telephone number _____

RETURN RECOMMENDATIONS BY APRIL 1, 2020 TO:

**Christine Rodic
2132 SE Stonecrop Street
Port St. Lucie, Florida 34984**

pbdccw@gmail.com

PLEASE PRINT

**Palm Beach Diocesan Council of Catholic Women
High School Scholarship Award
2020**

CERTIFICATE OF ELIGIBILITY

This is to certify that

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

Reverend

Pastor

Church of

Phone

Date

**APPLICATIONS
MUST BE RECEIVED
BY APRIL 1, 2020**

**RETURN APPLICATIONS TO:
CHRISTINE RODIC
PBDCCW HS Scholarship Chairman
2132 SE Stonecrop Street
Port St. Lucie, Florida 34984
pbdccw@gmail.com
Please indicate Scholarship
in Subject Line**