

**ST. JOSEPH MISSION
SCHOLARSHIP APPLICATION FORM**

The purpose of the St. Joseph Mission Scholarship is to provide financial aid to those students who are practicing Christian seniors, who are active members of St. Joseph Mission, have Christian morals, who are in good standing with their high school and the community, and whose parents are registered members of St. Joseph Mission.

Scholarships in the amount of \$500.00 will be paid upon proof of registration of at least 12 credit hours to the college of choice. All financial arrangements for Boling High School recipients will be handled by the Boling High School Accounting Department. *(*Number of scholarships and dollar amounts may change depending upon financial status of St. Joseph Mission.)*

CRITERIA FOR ELIGIBILITY INCLUDE THE FOLLOWING:

CHECK ALL AND ATTACH THIS PAGE TO APPLICATION

- GRADUATING SENIOR
- SUBMIT AN OFFICIAL TRANSCRIPT WITH CLASS RANK. ACT, SAT AND STAAR SCORES IF THE UNIVERSITY OR COLLEGE YOU PLAN TO ATTEND REQUIRES ONE. FINAL GRADES FOR 3 ½ YEARS (7 SEMESTERS)
- SUBMIT A PERSONAL ESSAY, TYPED AND DOUBLE SPACED, OF 100 WORDS OR MORE, STATING YOUR GOALS
- SUBMIT A LIST AND EXPLANATION OF SERVICE IN COMMUNITY, CHURCH, AND SCHOOL ACTIVITIES
- SIGNATURE OF CURRENT PASTOR

EVALUATION CRITERIA VALUES ARE THE FOLLOWING

- 50% CHURCH & COMMUNITY INVOLVEMENT
- 25% CHARACTER/DISCIPLINE
- 25% SAT/ACT SCORES

The completed and signed application, official transcript in a sealed envelope, list and explanation of service activities, and essay must be returned to Mrs. Schubach at Boling High School, or mailed or delivered to Holy Family Rectory, 2011 Briar Lane, Wharton, TX 77488.

APPLICATIONS ARE DUE NO LATER THAN APRIL 3, 2020. DOUBLE CHECK YOUR APPLICATION ANY NOT MEETING THE ABOVE CRITERIA WILL BE DISQUALIFIED!

REVISED November ,2019

**ST. JOSEPH MISSION MEMBER SCHOLARSHIP
APPLICATION FORM
DEADLINE FRIDAY, APRIL 3, 2020**

PRINT IN BLACK INK

NAME _____ SOC.SEC# _____
(LAST) (FIRST) (MI)

ADDRESS _____
(P.O. BOX OR STREET NUMBER) (CITY) (ZIP CODE)

PHONE NUMBER (_____) _____ (CELL) _____

PARENT/GUARDIAN NAME _____

HOME ADDRESS _____
(P.O. BOX OR STREET NUMBER) (CITY) (PHONE NUMBER)

NAME OF FATHERS/GUARDIAN EMPLOYEE: _____

NAME OF MOTHERS/GUARDIAN EMPLOYEE: _____

NUMBER OF DEPENDENTS IN FAMILY (EXCLUDING) PARENTS/GUARDIAN _____

NUMBER OF FAMILY MEMBERS IN COLLEGE NEXT YEAR (INCLUDE SELF) _____

NAME OF CHURCH CURRENTLY ATTENDING _____

SIGNAURE OF CURRENT PASTOR: _____