

Applications may be emailed in a single document to:

Rodicc@aol.com and please put PBDCCW scholarship with the name of the applicant in the subject line.

**PALM BEACH DIOCESAN
COUNCIL OF CATHOLIC WOMEN
High School Scholarship Award 2021
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
2021 _____

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 2021
- 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.

Completion of the form RECOMMENDATIONS is required. Only 3 will be considered.

1

High School Scholarship Award

2021

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) _____

Community Service: (Hospital Volunteer, Red Cross, Soup Kitchen) _____

Parish Involvement (youth groups, ministries, volunteer)

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

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

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

**Palm Beach Diocesan Council of Catholic Women
High School Scholarship Award
2021
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 know 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, 2021 TO:
Christine Rodic
PBDCCW HS Scholarship Co-Chair
2132 SE. Stonecrop St.
Port St. Lucie, Florida 34984

6-7-8

Palm Beach Diocesan Council of Catholic Women
High School Scholarship Award
2021

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

Phone _____

Date _____

RETURN APPLICATIONS TO:

**Christine Rodic
PBDCCW HS Scholarship
2132 SE. Stonecrop St.
Port St. Lucie, FL 34984**

Or email to Rodicc@aol.com and please put PBDCCW scholarship with the name of the applicant in the subject line.

**APPLICATIONS
MUST BE RECEIVED
BY APRIL 1, 2021**