

ST. FRANCIS OF ASSISI PARISH GLEN & HELEN TWEED SCHOLARSHIP GUIDELINES

1. The scholarship recipient, each year, will be determined by a five member committee. The committee has been appointed with the approval of the Parish Pastoral Council. The parish priest will automatically be a member of the Scholarship Committee along with four other appointed members.
2. Scholarship will be awarded on the basis of financial need, morals and participation in church youth groups. Preference will be given to an applicant who plans to pursue a career in the field of health care.
 - 50% participation in parish activities
 - 25% financial need
 - 25% character, faith community involvement (morals)
3. The amount of the scholarship will be \$500.00; one-half payable at the time of enrollment for each semester. The principal shall be left intact and the scholarship derived from the annual interest earnings.
4. The applicant must be a high school graduate, or nearing graduation, about to enter the first year of advanced education. Applicants may also be presently enrolled in advanced education pertaining to health care. Preference will be given to a member of the St. Francis Parish, but any applicant may be considered who lives in Norton County or the close vicinity thereof.
5. The deadline for receiving applications is April 15. A standard application form will be available upon request. The Scholarship Committee may request a personal interview of all acceptable applicants.
6. A high school transcript must be submitted with the application and a college transcript if in college.
7. The application must be signed by both the applicant and parent or guardian. Three reference names shall also be listed and each shall fill out a recommendation form and return it to the church. The reference named only needs to fill out one recommendation form even though the applicant is applying for several scholarships.
8. The recipient of the scholarship will be announced by May 1 of each year.

ST. FRANCIS CHURCH SCHOLARSHIP COMMITTEE GLEN & HELEN TWEED SCHOLARSHIP APPLICATION

Name: _____ Date of Birth: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Cell Phone: _____
High School Attended: _____ Year Graduated: _____
Number in Class: _____ Rank in Class: _____ Cumulative GPA: _____
Name of School you plan to attend: _____
Date you plan to enter school: _____ Course of study: _____
Name of Parents or Guardians: _____
Occupation of Parents or Guardians: _____

On a separate sheet state:

1. Why you are applying for this scholarship
2. Explain how your life in the community reflects your faith

List other scholarships applied for and received:

Please list the names of three people for references:

Name: 1. _____ 2. _____ 3. _____
Address: _____
City/State: _____
Phone: _____

Give each person listed above, the recommendation form to fill out and return to the church.

Signature of Applicant _____ Date _____

Signature of Parent, Spouse or Guardian _____ Date _____

A high school transcript and a college transcript, if in college, must be submitted with the application.