

St. Francis Xavier Alumnae Association

Application for 2019 Catholic High School Scholarship

www.stxavialumnae.org

Selection Criteria

To be eligible for a St. Francis Xavier Alumnae Scholarship, each applicant must be a student who is currently attending a Catholic high school or who has been accepted and is entering a Catholic high school. The individual must be a child, grandchild, niece, nephew and/or foster child of a graduate of St. Xavier Academy (formerly located in Providence, Rhode Island or in Coventry, Rhode Island). The graduate sponsoring this applicant must be a current dues-paying member of the St. Francis Xavier Alumnae Association.

Applicants should be nominated by only ONE sponsor. (Having multiple sponsors does not increase the applicant's chance for an award.) Students are eligible even if they have received aid from another source or had received previous support from this scholarship fund.

Applications must be completed in full in order to be considered for these awards.

The scholarships are based on merit and student need.

The number and amount of the scholarships will be determined annually.

The applicant's school may be asked to provide additional information by the scholarship committee.

The contents of this application will be used only for the purpose of this scholarship.

Deadline Date: Completed applications must be received no later than June 30, 2019.

St. Francis Xavier Alumnae Association Scholarship Application

To be Completed by Sponsor:

Please Print Clearly

Date Submitted _____

_____ I am currently a dues-paying member of the St. Francis Xavier Alumnae Association.

Name of Sponsor _____ Graduation Year from the Academy _____

Address _____ City _____ State _____ Zip _____

Contact Telephone number _____ Email _____

Name of Student _____

Relationship to Applicant:

The Student is my: _____ Child _____ Grandchild _____ Niece or Nephew _____ Foster Child

To be completed by Parent(s)/Guardian(s)

Please Print Clearly

Name of Student _____ Grade in 2019-20 _____

Student Street Address _____ State _____ Zip _____

Name(s) of Parent(s)/Guardian(s) _____

Address of Parent(s)/Guardians(s) if different from above: _____

Family Telephone Number _____ Parent/Guardian(s) Email _____

Occupation of each parent/guardian _____

Check one of the following indicating who is responsible for Tuition:

____ 2 Parents in same household ____ Parent and Step-parent in same household ____ Single Parent

____ Describe circumstances different from above _____

Name of Catholic High School Attended _____

Address _____ City _____ State _____ Zip _____

Website _____ Name of Principal _____

Has the family applied to the school (or other source) for Financial Aid? ____ Yes ____ No

Topic for Student Essay:

If you are in Grade 9 or just entering this school, tell us about yourself and describe how you expect this Catholic high school experience school to help you to make decisions about your future.

If you are an upperclassman, tell us about yourself and describe how your Catholic high school experience has helped you to make decisions about your future.

All of the following items must be submitted in order to be considered for a scholarship award:

- A copy of IRS Form 1040 2018 pages 1 & 2
- A copy of the student's latest grades (Do not include copies of awards, certificates etc.)
- An essay written by the student in his or her own voice and style on one of the topics described

***(A parent statement may be submitted to explain any special circumstances that should be considered.)**

For the Household from which the tuition for the applicant is paid, please list all dependents (including the applicant) whose tuitions are paid. Please print clearly.

Elementary and Middle School Students

Student Name	Relationship In Family	Grade 2020	School	Full Tuition 2020	Financial Aid Awarded ** 2020 *	Total Tuition Paid (annually) by Household

High School Students

Student Name	Relationship In Family	Grade 2020	School	Full Tuition 2020	Financial Aid Awarded 2020 *	Total Tuition Paid (annually) by Household

*If information is not known for 2020, please give details for 2019

Other educational Expenses: Please describe payments for which family is responsible. Use another sheet if needed.

St. Francis Xavier Alumnae Scholarship Application

Certification and Signatures

I (we) certify that the information on this application is true and complete to the best of my (our) knowledge. I (we) shall provide on request, any information required to verify information given in this document. I (we) realize that if I (we) do not comply with requests for information, the student will no longer be eligible for a scholarship.

I (we) give permission to the school to release transcripts and provide recommendations concerning merit and financial need to the St. Francis Xavier Alumnae Scholarship committee for the sole purpose of this application. All information in this application will remain confidential.

Signatures:

Parent (Legal Guardian) of the applicant _____

Applicant (Student) _____

Sponsor (Dues-paying Member of SXA Alumnae) _____

Date of Submission _____

Please mail this completed application to the following address.

Deadline Date is June 30, 2019

**Scholarship Committee
St. Francis Xavier Alumnae Association
P.O. Box 20452
Cranston, RI 02920**