

St. James Parish Scholarship Application Instructions

These scholarships are open only to registered, active members of St. James Parish who meet the following requirements:

- ☑ Will be graduating from high school this year (2019) and will be attending college in the fall.
- ☑ Has contributed to the life of the parish during high school by involvement in parish ministries (choir, lector, catechist, usher (regularly), altar server, volunteer for special projects, etc.).
- ☑ Submit completed application packet by Friday, May 3, 2019 to:
Mrs. Bridget Lacefield
St. James and St. John the Baptist
Catholic Collaborative Parishes
6 Cottage Street
Haverhill, MA 01830

Or: stjamesandjohnfaith@gmail.com

The application has two parts:

Part 1: The Scholarship Application

Part 2: Letter

Please handwrite or type a letter stating why you believe you should be selected to receive scholarship assistance from St. James Parish.

Applications that do not contain both completed parts will not be considered.

The application and letter are to be completed by the student seeking the scholarship. Parents/Guardians may assist in obtaining the information, but the application and letter are to be completed the student.

If you have any questions, please feel free to contact Mrs. Bridget Lacefield at the Collaborative Offices at 978-372-8537.

Saint James Parish Scholarship Application – 2019

TO BE COMPLETED BY APPLICANT ONLY
Due no later than Friday, May 3, 2019

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

College Student ID: _____

Father's Name: _____

Mother's Name/Maiden: _____

High School from which you are graduating: _____

Extracurricular activities in which you were involved throughout your high school years:

Did you attend the Parish Religious Education Program? _____ If not, please explain: _____

Parish activities and/or organizations you are involved with:

Do you attend Mass and receive the sacraments? _____ If not, why not? _____

College or University you will attend in the fall: _____

Complete Address of College or University Bursar's Office:

Name of College University: _____

Address: _____

City: _____ State: _____ Zip: _____

Tuition (include room & board) at your chosen college/university: _____

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY

Amount of Award: _____

Source: _____