

# \$750.00 Massachusetts Catholic Daughters of the Americas High School Scholarship

## Sheet 1

THE STATE COURT OF THE MASSACHUSETTS CATHOLIC DAUGHTERS OF THE AMERICAS OFFERS A \$750.00 SCHOLARSHIP TO BE APPLIED TOWARD TUITION TO A CATHOLIC HIGH SCHOOL OF THE APPLICANT'S CHOICE.

### REQUIREMENTS:

- 1 Applicant must be a JUNIOR CATHOLIC DAUGHTER of the Americas **or** a female or male relative of a member, in good standing, of the senior organization. Applicants may also be a relative of a local court chaplain/advisor or state chaplain/advisor.
2. Applicant must write a personal letter giving the following information:
  - a. Reason for applying for scholarship.
  - b. Name of clubs or other social involvements in which she/he holds membership – i.e. church, community, school, etc.
  - c. List of extracurricular interests, i.e. music, art, athletics, etc.
  - d. If applicant is NOT a Junior Catholic Daughter, name relative, indicating relationship and give name and number of Court to which she belongs.
3. Parent/Legal guardian of applicant must supply the following information (see sheet 2):
  - a. Number in family.
  - b. Number of working members contributing to income of home.
  - c. Economic need.
  - d. Hopes for future career of applicant.
4. Letter of Recommendation
  - a. From school Principal or Guidance Counselor – refer to #6 below.
  - b. From two other responsible adults other than relatives.

5. Applicant will address a large envelope to:  
**Patricia Adams**  
**State Chairman of Scholarships**  
**47 Rock Meadow Drive**  
**Brockton, MA 02301**

(BE SURE ENVELOPE HAS RETURN ADDRESS OF APPLICANT AS WELL AS SUFFICIENT POSTAGE.)

6. The envelope and contents therein (unsealed) must be give to the school Principal or Guidance Counselor before **February 15, 2010** with a request for a letter of recommendation and a transcript of eighth grade marks, conduct, effort, attendance and personality records. Applicant must further ask that the principal mail the envelope with ALL the contents to the Massachusetts Catholic Daughters State Chairman of Scholarships before **April 1, 2010**.

Judges will be professional educators who have no affiliation with the CATHOLIC DAUGHTERS OF THE AMERICAS.

All information given on this application will be kept in strict confidence.

**SHEET 2**

The following is to be completed by PARENT OR LEGAL GUARDIAN ONLY

PLEASE PRINT OR TYPE:

NAME OF APPLICANT: \_\_\_\_\_

(Last) (First) (Middle)

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_ (Father) (Mother)

HOME ADDRESS: \_\_\_\_\_

(No.) (Street) (City/Town) (State) (Zip) TELEPHONE No:

\_\_\_\_\_ OCCUPATION OF HEAD OF FAMILY:

\_\_\_\_\_ EMPLOYER:

\_\_\_\_\_ ADDRESS:

\_\_\_\_\_ NUMBER OF

DEPENDENT CHILDREN UNDER 18 YEARS OF AGE: \_\_\_\_\_

NUMBER OF WORKING PERSONS CONTRIBUTING TO THE FAMILY SUPPORT: \_\_\_\_\_

(OPTIONAL) PLEASE MAKE A BRIEF STATEMENT OF ECONOMIC NEED TO FURTHER THE STUDIES OF THE APPLICANT NAMED ABOVE.

All information given on this application will be kept in strict confidence.

I hereby certify that the information supplied by the applicant and by myself is correct in every detail.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Parent)

OR

DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Legal Guardian)

**Sheet 3**

Please read and sign the following request granting permission for the school to release the information requested about your child. Include this permission sheet with the information sent to the school principal or guidance counselor.

I, \_\_\_\_\_, grant permission for  
(School name) \_\_\_\_\_ to release the following information pertaining to my  
son/daughter to the Catholic Daughters of the Americas Scholarship Chairperson: transcript of eighth grade  
marks, conduct, effort, attendance and personality records.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Patricia Adams State Chairman of Scholarships 47 Rock Meadow  
Drive Brockton, MA 02301 508-584-4043**