

Sheet 1

MASSACHUSETTS CATHOLIC DAUGHTERS OF THE AMERICAS
ANNUAL COLLEGIATE SCHOLARSHIP

A \$1,200 grant for a male or female student accepted to a four year college, **OR** a full-time training school for registered nurses, **OR** a two year accredited college.
Applicant must be a member in good standing of CDA, JCDA, **OR** a relative of a CDA member in good standing.
Applicant may also be a relative of a Chaplain/Advisor.

Please PRINT or TYPE

Name of Applicant: _____
(Last) (First) (Middle)

Home Address: _____
(No.) (Street) (City/Town) (State) (ZIP)

High School Name: _____

Address: _____
(No.) (Street) (City/Town) (State) (ZIP)

Principal/Headmaster: _____

Guidance Counselor: _____

School Telephone: (____) _____

Home Telephone: (____) _____

INSTRUCTIONS: Sheets 1, 2, and 3 should be completed by applicant and enclosed in an unsealed, stamped envelope addressed to the State Chairman, along with your STATEMENT, ESSAY and a LETTER OF RECOMMENDATION from your PASTOR. The envelope, with enclosures, should be presented to the SCHOOL PRINCIPAL or GUIDANCE COUNSELOR no later than **February 15, 2012**. Please be sure to attach adequate postage.

Please attach the following:

1. A short STATEMENT, clearly stating the nature of the college program you plan to pursue and why.
2. An ESSAY of not more than 200 words on the subject: "WHAT AMERICA MEANS TO ME." This must be an original composition written without any assistance.

It is expected that both the essay and the statement will represent a final product (well organized, with correct spelling, punctuation and grammar). They may be handwritten or typed. Please check all handwritten information for legibility.

****I hereby certify that the information given above is correct and that the ESSAY is my own original material.**

DATE: _____ SIGNATURE OF APPLICANT: _____

Sheet 2

High School Documentation

TO WHOM IT MAY CONCERN: We have instructed the applicant named above to provide you with an addressed stamped envelope containing sheets 1, 2, and 3, (completed), an ESSAY of not more than 200 words on the subject "WHAT AMERICA MEANS TO ME," a STATEMENT regarding intended course of study, and a LETTER OF RECOMMENDATION from the Pastor. This envelope, with enclosures, should be presented to you with permission from the parent/guardian for you to enclose the official transcript of this student, including mid-year senior grades, rank in class (if available), and December C.E.E.B. scores. Please forward the completed packet to the State Chairman of Scholarships no later than April 1, 2012.

If the transcripts do not include personality and character evaluation, such as those which appear on the Standard Transcript Forms approved by the New England Association of Colleges and Secondary Schools, please be kind enough to add this information.

A letter of recommendation from the Principal or Guidance Counselor is also requested. This will be considered by the judges when the applications are evaluated. The judges will be professional educators who have no affiliation with the Catholic Daughters of the Americas.

Your cooperation is very much appreciated. In the event that your student should receive the scholarship, you will be notified as early as possible.

For further inquiries, please contact:

Patricia Adams
State Chairman of Scholarships
32 Hancock Street
North Easton, MA 02356
508-297-2426

Parent Authorization

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

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: the official transcript,
including mid-year senior grades, rank in class (if available), and December C.E.E.B. scores.

Signature of Parent/Guardian _____
Date _____

Sheet 3

The following is to be completed by the APPLICANT ONLY. Please PRINT or TYPE (if necessary, use other side of application).

Name of applicant: _____
(Last) (First) (Middle)

Home address: _____
(No.) (Street) (City/Town) (State) (ZIP)

Telephone: (____) _____ Date of birth: _____
(M) (D) (Y)

Name of high school presently attending:

List school, church and community, work experience, and extra-curricular activities: (if you hold an office, please state title.)

College(s) to which you have applied:

To which of those colleges have you been accepted?

Are you a member of the Catholic Daughters or the Junior Catholic Daughters of the Americas?

Yes _____ No _____

If "Yes" name of court: _____

Are you related to a member of the senior Catholic Daughters or a Chaplain/Advisor?

Yes _____ No _____

If "Yes" please supply the following information:

Name of relative: _____

Relationship: _____

She is a member (in good standing) of Court _____ No. _____

in (city/town) _____, Massachusetts. **OR:** He/She is a Chaplain/Advisor of

Court _____ No. _____ in (city/town) _____, Massachusetts.

Sheet 4

Massachusetts Catholic Daughters of the Americas
ANNUAL COLLEGIATE SCHOLARSHIP
Student Information

Before submitting the scholarship packet to the Principal of your school, please check to see that it is complete. Keep a copy of this page for your own reference.

____ Pages 1, 2, and 3, completed
____ Statement regarding intended course of study
____ Essay
____ Letter of recommendation from Pastor
_____ Date submitted to Principal (by 2/15/12)

Your Principal or Guidance Counselor will be adding your official transcript, including mid-year senior grades, rank in class (if available), and December C.E.B. scores, as well as a letter of recommendation. The completed packet will then be mailed to me, postmarked no later than April 1, 2012.

You might consider checking with the guidance office prior to the end of March to see if it has been mailed. Please feel free to call me if you have a question.

Best wishes for a successful and memorable senior year.

Patricia Adams
State Chairman of Scholarships
32 Hancock Street
North Easton, MA 02356
508-297-2426