

MASSACHUSETTS CATHOLIC DAUGHTERS OF THE AMERICAS
ANNUAL HIGH SCHOOL SCHOLARSHIP

The State Court of the Massachusetts Catholic Daughters of the Americas offers a \$750.00 scholarship to be applied toward tuition to a parochial or private high school of the applicant's choice.

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. Applicant may also be a relative of a Chaplain/Advisor.

REQUIREMENTS:

1. 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, number, and city/town of Court of which she is a member or of which he/she is a Chaplain/Advisor.

2. Parent/Legal guardian of applicant must supply the information on **SHEET 2**.

3. **3 Letters of Recommendation**
 - a. From school Principal or Guidance Counselor – refer to and include **SHEET 3**.
 - b. From two other responsible adults other than relatives.

4. Applicant will provide an envelope addressed to:

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

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

5. The envelope and contents therein (unsealed) must be given to the school Principal or Guidance Counselor before **February 15, 2012** 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, 2012**.

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

All information given to support 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: (____) _____

Name, address and telephone number of school presently attending:

Private high school(s) applied to (please circle any to which you have been accepted):

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

School Documentation

TO WHOM IT MAY CONCERN: We have instructed the applicant named above to provide you with an addressed stamped envelope containing sheets 2 and 3, a personal letter, and 2 letters of recommendation. This envelope should be presented to you with permission from the parent/guardian for you to enclose a transcript of eighth grade marks, conduct, effort, attendance and personality records.

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.

Please mail the envelope with ALL the contents to the Massachusetts Catholic Daughters State Chairman of Scholarships postmarked by **April 1, 2012**.

Your cooperation is appreciated, and 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.

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 _____