



Father Fernandez Scholarship Program

3648 S/Sgt. Lucian Adams Drive ▪ Port Arthur, TX 77642 ▪ Phone (409) 962-6777

Scholarship Application

Applicant Information

Name _____ **DOB** _____
Last First Middle

Address _____
Street Address Apartment/Unit #

City State Zip Code

Phone _____ **Email** _____

Optional:
Social Security No. _____ **Marital Status** _____

I. Involvement & Education

Church Involvement

Are you involved in any parish organizations or ministries? Yes No

If yes, please list them below, including duties for each.

Organization/Ministry Involvement	Duties

High School

High School from which you graduated, will graduate, or last attended and year of graduation:

High School _____ **Graduate Year** _____

Address _____

Academic Status Current Student Graduate GED

Have you taken the SAT? Yes No If yes, please list score: _____

Have you taken the ACT? Yes No If yes, please list score: _____

List your accomplishments and honors and the year(s) received:

_____ N/A

List your extracurricular activities and organization memberships:

_____ N/A

Post-Secondary Education

List any college, university, or technical schools you have attended and the years attended:

Institution	Years Attended	Graduate Year

What is your major field of study? _____

Classification Freshman Sophomore Junior Senior Other

Enrollment Status Full-Time Part-Time **Current Overall GPA** _____

List the post-secondary activities and organizations you are/have been involved in.

_____ N/A

List your post-secondary special honors and acknowledgements received.

_____ N/A

Indicate your career objectives upon completing your higher education studies.

II. Employment Status

Are you currently employed? Yes No If yes, indicate status: Full-Time Part-Time

If employed, select which your type of employment you are working as: Temporary Permanent

Place of employment _____

Address _____

N/A

III. Financial Information

List other financial assistance you will receive for your education (i.e., grants, loans, social security, etc.):

_____ N/A

Are you living with your parents? Yes ⇒ Please complete **Section A** but skip Section B on page 3.

No ⇒ Please skip Section A below and complete **Section B** on page 3.

IV. References

List three (3) references that can provide statements regarding your character and school/community involvement, providing current contact information for each. Please **do not** list any relatives.

Name	_____				
Address	_____				
City	_____	State	_____	Zip Code	_____
Phone	_____	Email	_____		

Name	_____				
Address	_____				
City	_____	State	_____	Zip Code	_____
Phone	_____	Email	_____		

Name	_____				
Address	_____				
City	_____	State	_____	Zip Code	_____
Phone	_____	Email	_____		

By signing below and submitting this application, I certify that the information provided is correct to the best of my knowledge. I understand that falsifying any information will be grounds for disqualification.

_____	_____
Student's Signature	Date

• NOTES •

- You must submit your High School and if applicable, University/College transcripts with this application. You must also submit your GED, ACT, and/or SAT test scores, if applicable.
- The scholarship application deadline is by 4 pm, on **Friday, May 24, 2019**.
- Only scholarship recipients that have full-time status on an accredited campus with a **minimum GPA of 2.5** or otherwise specified by scholarship benefactor will be considered.
- The scholarship will be for the Fall 2019 Semester for \$500.00. Check will be made out to the school you are or will be attending.
- Failure to complete all appropriate fields may affect your selection as a scholarship recipient.
- Any scholarship money refunded to a student because of any cancelled registration is to be returned to the OLG Scholarship Fund.
- Any scholarship not used for tuition or books must be returned to the OLG Scholarship Fund.
- Our Lady of Guadalupe Catholic Church reserves the right to ask for proper receipts and/or documentation of use of scholarship monies.

For High School Counselor's Use Only

Recommended by _____

Title/Position _____

Student Rank _____ Class Size _____ GPA _____

Comments

For Academic or Admission Advisor's Use Only

Remarks _____

Note to Counselors/Advisors:

If you have any questions, please contact Our Lady of Guadalupe Catholic Church at (409) 962-6777, or by email at olgsecretary@outlook.com.

Once completed, students are to mail or return this application to:

Our Lady of Guadalupe Catholic Church
3648 S/Sgt. Lucian Adams Drive, Port Arthur, TX 77642-6100