

## 2024 Fr. JOHN HOWARD MEMORIAL SCHOLARSHIP

This application is an invitation for you to apply for a scholarship being awarded by the Holy Spirit Men's Club, on behalf of Church of the Holy Spirit, Catholic Church, located in Highland, Michigan. In order to be eligible for a scholarship, you will need to meet the following criteria:

- Full time college student (undergraduate, graduate, and certified and accredited vocational or trade) student with school starting this fall semester.
- Your immediate family is a registered member of Church of the Holy Spirit Church for at least one year.
- You must be a follower in the principles and teachings of the Catholic Faith.
- Previously awarded scholarship winners can reapply.
- Maximum of 4 scholarship awards per applicant.

Please complete the attached application by filling in the requested information. **All information will be kept confidential.** Each student shall complete this application with parent or guardian assistance if applicable. A one-page letter of introduction is recommended and should be attached to the application. Items to be included are as followings:

1. **A letter of introduction.**
2. **A picture of yourself.**
3. **The completed application.**
4. **A copy of your transcript.**
5. **Letters of recommendation.**

Please type or print all information, single sided. Submit your completed printed application via US Mail/ or personally delivered to:

**Mrs. Kay Young / Church of the Holy Spirit,  
ATTN: 2024 Fr. John Howard Memorial Scholarship Committee 3700  
N. Harvey Lake Rd.  
Highland MI 48356.**

The last day for accepting applications is **Monday April 22, 2024 at 2:00 P.M, delivered to Kay Young in the Church office.** Kindly note that we will not accept late applications due to lost, delayed or misdirected mail, or deliveries so plan accordingly. Electronic submissions will not be considered as a completed application.

The committee will interview all applications.

**Interviews are planned to take place on Saturday, May 11, 2024 from 9:00 am – 4:00 pm at the Church of the Holy Spirit**

All applicants will be notified by mail or email as to your status in the selection process.

Scholarship checks will be issued upon receipt of a copy of an acceptance letter and verification of enrollment to the institution you plan on attending. Please be available to attend our scholarship Mass.

**Graduate Scholarship Mass on Sunday June 02, 2024 @ 9:00 A.M.**

**Contact: Kay Young Phone: 248-887-5364**

With God's Blessing,

The Church of the Holy Spirit Men's Club  
Fr. John Howard Memorial Scholarship Committee

**2024 Fr. JOHN HOWARD  
MEMORIAL SCHOLARSHIP  
SCHOLARSHIP APPLICATION**

Applicant's Name (last, first): \_\_\_\_\_  
Address (complete mailing): \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Name of High School: \_\_\_\_\_  
Complete Address: \_\_\_\_\_

Date of Graduation from High School: \_\_/\_\_/\_\_\_\_ Indicate which educational program you plan to pursue:

- ( ) Community College or Certified Accredited Technical/Vocational School (2yr)
- ( ) College or University (4yr)
- ( ) Number of credit hours per semester

Interviews and review of applications will take place **Saturday May 11<sup>th</sup> 2024 9:00 am – 4:00 pm**

**FAMILY INFORMATION**

Father's/Guardian's full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's/Guardian's full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please list the names and ages of all applicant's brother and sisters living at home, or in college and being claimed as a dependent on parents/guardian's tax return.

<b>NAME</b>	<b>AGE</b>
_____	_____
_____	_____

( ) **Mark an (X) to indicate additional information on the back of this page.**

Approximately (family – household) income for the year ending December 31, 2023

- ( ) Less than \$50,000                      ( ) \$50,000 to \$100,000                      ( ) above \$100,000

## **OTHER SCHOLARSHIPS**

List other scholarships you have applied for, or have been awarded.

<u><b>NAME OF SCHOLARSHIP</b></u>	<u><b>DATE OF AWARD</b></u>	<u><b>AMOUNT OF AWARD</b></u>
_____	_____	\$ _____
_____	_____	\$ _____

(  ) Mark an (X) to indicate additional information on the back of this page.

List the colleges/certified accredited vocational or trade schools where you have APPLIED and been ACCEPTED to: (Please indicate if your application is still pending.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(  ) Mark an (X) to indicate additional information on the back of this page.

Which college or vocational school do you plan to attend during the **2024-2025** academic year?

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## **PERSONAL EXPENSES**

Estimate what it will cost (to the nearest \$100.00) you to attend this college/vocational school for the **2024-2025** academic year?

Tuition and Fee:	(\$) _____
Room and Board	(\$) _____
Books and Supplies	(\$) _____
Travel Expenses	(\$) _____
Personal Expenses	(\$) _____
Total Expenses	(\$) _____

## **STUDENT LOANS**

Do you currently have any outstanding student loans? \_\_\_\_\_. If so, what do you owe?

\$ \_\_\_\_\_.

Will you be applying for a loan for this upcoming academic year? \_\_\_\_\_. If so, how much?

\$ \_\_\_\_\_.

## FINANCIAL AGREEMENT WITH PARENTS

What agreement do you have with parents, in regard to payment of educational expenses?  
Examples: Parents pay all or Parents pay % or Parents pay tuition and books, student pays room and board or student pays all costs.

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## JOB EXPERIENCE

List your job experience from the present back to high school or attach Resume.

<u>EMPLOYER</u>	<u>TYPE OF WORK</u>	<u>DATES EMPLOYED</u>	<u>HR. WAGE/ HRS.WORKED</u>
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( ) Mark an (X) to indicate additional information on the back of this page.

What was your personal income last year? Please round off to the nearest \$1,000.00  
\$\_\_\_\_\_.

## SPECIAL CIRCUMSTANCE

Describe any unusual events, hardships, special needs need for financial aid (including any special family circumstances such as unemployment, illness, death, disability, etc., or obstacles you may have had to overcome in education or family life that would aid the committee in making its decisions for the scholarship. How much are the parents contributing for education expenses for all of their children? Use additional paper to elaborate if needed.

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## GOALS AND CAREER PLANS

Please state your goals and career plans. Use additional paper to elaborate if needed.

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# ACTIVITIES

How long have you been a registered member of The Church of the Holy Spirit?

(Years)\_\_\_\_\_

Please list all groups, community service, activities/clubs/sports, your parents/guardians and you have participated in the church and schools.

WHO	GROUP	COMMITTEE/POSITION	LENGTH/TIMES

( ) [Mark an \(X\) to indicate additional information on the back of this page.](#)

The main fundraiser for funding the scholarships is the Church of the Holy Spirits family picnic, held on the Church grounds, each summer. Have you ever volunteered to help with/at the picnic? \_\_\_\_\_. When? \_\_\_\_\_ What was your job? \_\_\_\_\_

Regardless of whether you receive the scholarship or not, would you be willing to help at the picnic this year?\_\_\_\_\_.

By submitting this application, I declare that all of the information given in this application is true and accurate to the best of my knowledge.

I UNDERSTAND THAT IF I AM AWARDED THIS SCHOLARSHIP, I MUST PRESENT MY ACCEPTANCE LETTER & COLLEGE OR STUDENT ID NUMBER TO THE CHURCH OF THE HOLY SPIRIT C/O HOLY SPIRIT MEN'S CLUB SCHOLARSHIP COMMITTEE AND KEEP IT APPRAISED OF MY PROGRESS DURING THE ACADEMIC YEAR COVERED BY SUCH AWARD.

\_\_\_\_\_/\_\_\_\_\_/2024  
Date

\_\_\_\_\_

Applicants Signature

\_\_\_\_\_/\_\_\_\_\_/2024  
Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/2024  
Date

\_\_\_\_\_

Parent/Guardian Signature