



KNIGHTS OF PETER CLAVER

LADIES AUXILIARY

ST. PETER CLAVER TAMPA, COURT #379

MOTHER HENRIETTE DELILLE SCHOLARSHIP

GUIDELINES

THE PROGRAM

This scholarship program is established by Knights of Peter Claver Ladies Auxiliary, St. Peter Claver, Tampa, Court #379, located in Tampa, Florida to assist high school students. The Scholarship Committee of the Court takes pride in announcing its scholarship awards program to those high school students who plan to continue their education in an institution of higher learning. All applications for award shall be governed by the established guidelines.

ELIGIBILITY

Applicants for the scholarship award must meet the following eligibility criteria:

- Be a high school senior who will graduate in the current year.
- Have a minimum cumulative grade point average of 2.5 or higher on a 4.0 scale.
- Reside in or attend high school within Hillsborough county.
- Enroll in a full-time course of study at an accredited college, university or trade/vocational school.

AWARD

If selected as a recipient, the student will receive a one-time \$500.00 scholarship award. A Court check will be made payable to the recipient once verification of being registered as a student in a full-time course of study at an accredited college, university, or a trade/vocational school program has been verified by the Scholarship Committee.

APPLICATION

Interested applicants must complete the application and mail it along with a current official high school transcript to: Knights of Peter Claver Ladies Auxiliary, St. Peter Claver Tampa, Court #379, P. O. Box 6342, Tampa, Florida 33608. No application will be considered after the April 1, 2019.

Postmark Date. Applications are evaluated on the information submitted to the Scholarship Committee; therefore, answer all questions completely. Incomplete applications will not be considered. Only the Scholarship Committees review and evaluate applicant's information received.

SELECTION OF RECIPIENTS FOR AWARD

The Scholarship Committee will select recipients for scholarship awards. Scholarship recipients are selected on basis of academic record, statement of career and educational aspirations and goals, recommendations and financial need. To ensure that no bias occurs in the selection process for award of scholarships, all interested applicants must meet the criteria established in the guidelines and application of the program. As an internal quality control measure, the Scholarship Committee selects recipients for scholarship awards based on need; and not by applicant's affiliation with Knights of Peter Claver (spouses, family members, etc.) All applicants agree to accept the decision of the Scholarship Committee. Award recipients will receive a congratulatory letter with information about the awards ceremony by mail. If any award recipient cannot be present at the award ceremony and presentation, the recipient will be responsible for collecting their award by no later than **August 30, 2019. Selectee will forfeit award if not collected by August 30, 2019. No exceptions!** It is the sole responsibility of the selectee to ensure they can be contacted. **There will be no exception to this policy. Further, results will be available online at <http://kpcla379tampa.wix.com/kpcla379> after June 15, 2019**

REVISIONS

St. Peter Claver Court #379 reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of or expanding the program.

MAILING ADDRESS

**Knights of Peter Claver Ladies Auxiliary
St. Peter Claver Court #379
P. O. Box 6342
Tampa, FL 33608**



**KNIGHTS OF PETER CLAVER
LADIES AUXILIARY
ST. PETER CLAVER, TAMPA COURT
#379
SCHOLARSHIP APPLICATION
MOTHER HENRIETTE DELILLE SCHOLARSHIP**

(Application Postmark Deadline is April 1, 2019 – No Exceptions)

(TYPE OR PRINT ALL INFORMATION)

Complete and accurate information ensures your application will be reviewed and evaluated accordingly.

Applicant's Name:

Mailing Address:

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ E-mail Address (if applicable): _____

Date of Birth: Month _____ Day _____ Year ____ Gender: (Circle One) Male/Female

Name of High School:

City: _____ State: _____ Zip _____

Telephone: (____) _____

Principal's Name:

Telephone: (____) _____

Guidance Counselor

Name: _____

Telephone: (____) _____

Expected Graduation Date from High School: Month _____ Year _____

Will you receive any other scholarship assistance? Yes ____ No. ____ (if yes, please state the source and expected amount):

Name of accredited college/university/trade school you plan to attend. (If unknown, please list in order of preference the school to which you have applied). Use official school names. ***Do not use abbreviations.***

Name _____

City _____

Name _____

City _____

Name _____

City _____

Name _____

City _____

Major Course of Study:

Degree: Bachelor _____ Associate _____ other, please explain:

AWARDS AND COMMUNITY ACTIVITIES: List all awards received and community activities in which you have participated without pay during the past two years (e.g., Boy/Girl Scouts, or any activities including volunteer work, etc.):

HONORS: List all special awards, honors received and any offices

held: _____

LETTER OF RECOMMENDATION AND OFFICIAL HIGH SCHOOL TRANSCRIPT:

Applicant must obtain a *letter of recommendation* from a High School Teacher, Guidance Counselor or High School Principal. All applicants must submit a current official high school transcript in a school sealed official envelope. The recommendation must be submitted in a sealed separate envelope with this application.

REQUIRED ESSAY: Submit a type written or computer generated essay of not more than 300 words explaining your ambitions, achievements, participation in school *and community activities, and occupational* goals.

Parent/Guardian Name

Parent/Guardian Mailing

Address: _____

City: _____ State: _____ Zip Code: _____

Phone :() _____ Email Address (if applicable): _____

Relationship to Applicant:

Parent/Guardian

Occupation: _____

Number of children living in the home: _____ Ages: _____

Parent/Guardian Annual Gross Income: _____

Applicant Release Form

I certify that I am _____ years of age and do hereby assign and transfer unto Knights of Peter Claver Court #379, Ladies Auxiliary Scholarship Committee and/or its legal representatives the right to the enclosed photograph and the authority to produce the same. I hereby agree to protect and hold harmless Knights of Peter Claver Court #379 Ladies Auxiliary, Mother Henriette DeLille Scholarship Committee and its legal representatives in the use of such photograph. Further, I hereby agree to allow Knights of Peter Claver Court #379, Ladies Auxiliary, and/or Knights of Peter Claver Ladies Auxiliary Court #379, Mother Henriette DeLille Scholarship Committee to contact me at a future time regarding my scholastic accomplishments following receipt of any scholarship funds awarded by reason of this application.

WITNESS my hand this _____ day of _____, 2018.

Signature of Applicant: _____

Social Security Number: _____

State of _____ County of _____

On this _____ day of _____, 2018, personally appeared before me and acknowledged to me that he/she executed this instrument of his/ own free will and deed.

Notary Seal

Signature of Notary Public

My Commission Expires

STATEMENT OF UNDERSTANDING

I understand that the above information will only be used by Knights of Peter Claver Ladies Auxiliary Court #379 Scholarship Committee to determine my eligibility for this \$500.00 Scholarship Award. I understand that my information will be kept in the strictest of confidence. I further understand that by signing this application, the information I am providing is truthful and accurate to the best of my knowledge and ability. I understand that should I be a recipient of the \$500.00 scholarship award, I must collect the award by **August 30, 2019** or the award will be forfeited. **No exceptions!** I further understand that if I am selected to receive the scholarship award, the award in the amount of \$500.00 will be made payable to me to help defray/offset any out of pocket expenses I may incur during my term of enrollment.

Applicant’s Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

APPLICANT’S CHECKLIST BEFORE SUBMITTING APPLICATION PACKET: √

- I have enclosed a current official high school transcript with my application.
- I have enclosed my required essay.
- I have enclosed my letter of recommendation.
- I have read the Statement of Understanding/signed my application.
- My Parent/Guardian has signed my application.
- I have retained a copy of my completed application/documents.