



# Holy Ghost Brotherhood Mariense

## Scholarship Application 2008

**Eligibility:** The applicant must attend an accredited trade school, junior college, college or university, and may select a two-year or four-year program leading to a recognized undergraduate degree.

**Award:** Scholarships may vary in value from \$250 to \$1000. Quantity of scholarships is subject to availability of funds. The applicant will be notified in writing on the award status at the end of the review process. HGBM will submit the funds directly to the applicant upon receipt of an official copy of the grade transcript demonstrating successful completion of the first semester. The applicant will forfeit the award if it is not claimed within 60 days from the end of the first semester.

**Selection Criteria:** In addition to academic achievement, the applicant will be judged on other indicators of talent and leadership potential, including extracurricular activities, work experience, community service, student essay, financial need, and HGBM involvement. Applicants who receive a scholarship and remain in good academic standing may apply in subsequent years.

This scholarship application becomes complete and valid only when HGBM has received all materials at the following address postmarked no later than July 31, 2008.

*Holy Ghost Brotherhood Mariense, c/o Scholarship Committee, 846 Broadway, East Providence, RI 02914, (401) 434-4418*

If additional space is required in any section, you may attach additional sheets using the same format. Write your full name on all attachments.

**Name of applicant** (First, Middle, Last) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Relationship to HGBM Member** (If applicable) \_\_\_\_\_ **Member's Name** \_\_\_\_\_ **Member's No.** \_\_\_\_\_

**Name of Father/Guardian** \_\_\_\_\_ **Name of Mother/Guardian** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Place of Employment** \_\_\_\_\_

**Other Dependents:** Excluding the applicant

Name	Age

Name	Age

Name	Age

**Family Adjusted Gross Income** (\$ thousands): If Parents filed separately add both incomes to determine appropriate range.

From 2007 Income Tax Forms	Form 1040 Line 37 or Form 1040A Line 21 or Form 1040EZ Line 4	Over 150	125 - 150	100 - 125	75 - 100	65 - 75	55 - 65	45 - 55	35 - 45	25 - 35	Under 25
	Circle Appropriate Range	1	2	3	4	5	6	7	8	9	10

**Name of High School/College you're currently attending:** \_\_\_\_\_

**Grade Point Average** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ **Class Size** \_\_\_\_\_

**What profession or occupation are you pursuing?** \_\_\_\_\_

**Name of institution you plan to attend next year:**

1<sup>st</sup> Choice \_\_\_\_\_ Tuition Cost \$ \_\_\_\_\_ Accepted:  Yes  No  Not Yet

2<sup>nd</sup> Choice \_\_\_\_\_ Tuition Cost \$ \_\_\_\_\_ Accepted:  Yes  No  Not Yet

3<sup>rd</sup> Choice \_\_\_\_\_ Tuition Cost \$ \_\_\_\_\_ Accepted:  Yes  No  Not Yet

**Activities, Awards, and Honors:** List school and/or community activities along with any special awards, honors, and offices held for the past three years.

Activities: Extracurricular Activities, Community Service, HGBM Involvement, etc.	Year	No. of Months of Participation

Special Awards/Honors: i.e. RI Honor Society, RI Science Fair 2 <sup>nd</sup> Place Award, Book Awards, etc.	Year

Offices Held: i.e. Student Council Secretary, Portuguese Club President, Swim Team Captain, etc.	Year

**Work Experience:** List all full-time and part-time jobs for the past six years.

Employer	Position	From - Mo/Yr	To - Mo/Yr	No. hours/week

**Personal Essay:** Provide a one-page typed essay telling us about yourself, your interests, your goals and ambitions. If you wish, you may also describe any special circumstance that may have a bearing on your scholarship.

**Grade Transcript:** Provide an official copy of your latest grade transcript. Also include a copy of your latest 2008 report card in case the official copy is not received from your school on time.

**Note:** It is your responsibility to insure that the application is completely filled out and that all requested documentation is submitted by the due date. **During the review process no credit will be applied to answers/sections left blank.**

I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. I am aware that falsification of information will result in termination of granted scholarship. I accept the decisions of the HGBM Scholarship Committee as final.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Only required if applicant is a minor)