

**Father Bill Atkinson Foundation
Student Scholarship Application**

APPLICANT

First Name _____ Last Name _____

Gender: Male _____ Female _____ Birth Date _____

Home Phone _____ Mobile Phone _____

Home Address _____

Town _____ Zip _____

Current School _____ Current Grade _____

Email _____



PARENT(S) GUARDIAN(S)

First Name Dr./ Ms./ Mrs./ Mr. _____

Home Address _____ Home Phone _____

Email _____

Occupation _____ Employer _____

Day Time Telephone (____) _____ Evening Telephone () _____

Relationship to Applicant _____

First Name Dr./ Ms./ Mrs./ Mr. _____

Home Address _____ Home Phone _____

Email _____

Occupation _____ Employer _____

Day Time Telephone (____) _____ Evening Telephone (____) _____

Relationship to Applicant _____

How did you find out about the Father Bill Atkinson Foundation scholarship?

Siblings _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

(Use separate sheet if applicable)



School Information

Current School Name: _____

Address: _____

Phone: _____

Please list the schools you have attended:

School Name	City, State	Dates Attended



Activities In Which You Have Participated

Please list the academic, extracurricular, personal, and community activities that you have participated in within the last three years in order of their importance to you. This may include academic subjects, music, art, dance, drama, athletics, journalism, clubs. You do not have to complete this section.

Activity/ Interest	Dates of Participation	Positions Held	School Related?



Academic Honors and Awards

Please list any academic distinctions, honors, and/or awards you have earned within the past three years. This includes academic competitions (math, science, literary, etc.). You do not have to complete this section. Do not attach actual awards or honors.



Short Answer Questions

Please answer all of the following questions on the lines provided:

- 1. What do you hope to gain from your Christian education?

- 2. How will having the opportunity to go to Monsignor Bonner/Archbishop Prendergast influence your development as a person?

- 3. Who are you? State 10-15 characteristics that would describe you.



Essay Question

Please answer one of the three questions below typed on one sheet of paper and attach it to this application. Clearly identify which question you are answering.

- 1. If you could meet someone in heaven, who would it be and what would you ask them?
- 2. Name a celebrity or popular figure that you think has had an impact on how you live your life? What about them do you find yourself emulating and what about them do you wish they would change?
- 3. Imagine yourself twenty years from now, what have you accomplished? What do you still intend to accomplish?

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Standardized Test Scores & Academic Records

Please include with this application, a copy of your most recent, school administered, standardized test score reports for the past two years and the most recent three years of academic records, including current year.

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Additional Information – Optional

This application is to allow you to describe your strengths and interests as a person. However, we realize that we may have missed a question that would allow you to share with the Selection Committee additional information you think is important. If there is anything else you would like the Selection Committee to know about you, please submit it with the application. Do not submit copies of honors or awards.

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Applicant and Parent or Guardian Statement - Required

Please execute the statement contained within this application.

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Professional Recommendation - Required

Please include with this application a recommendation in an envelope, sealed by the signature of the person providing the recommendation. Examples of candidates for this recommendation include: extracurricular teacher, coach, clergy member, administrator, community leader or psychologist.

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Academic Recommendation - Required

Please include with this application a recommendation written by a teacher in an envelope, sealed by the signature of the teacher providing the recommendation.

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Students: the application (NO STAPLES; single-sided including attachments) must contain the above information when submitted and postmarked not later than April 1, to The Father Bill Atkinson Foundation, P.O. Box 1322, West Chester, PA 19380

Professional Recommendation

Instructions to persons writing the recommendation:

Please complete this form and write a recommendation letter that addresses the questions listed below. Please enclose the recommendation in an envelope, and affix your signature over the seal. Please return the envelope to the student for the inclusion of this item within the student's application packet. Please do not use staples to attach documents.

Why does this student deserve the Father Bill Atkinson Foundation scholarship?

What impresses you the most about this student?

How do you feel the student's life will change going to Monsignor Bonner/Archbishop Prendergast High School?

Student Information

First Name _____ Last Name _____

Professional Information (of person writing Recommendation)

First Name _____ Last Name _____

Title _____ Organization/Company _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Relationship to applicant, including how long you have known him/her: _____

Describe your experience with middle school students: _____

Please note that the student's complete application must be postmarked with a date not later than **April 1** and must contain the recommendation.

Academic Recommendation

Instructions to persons writing the recommendation:

Please complete this form and write a recommendation letter that addresses the questions listed below. Please enclose the recommendation in an envelope, and affix your signature over the seal. Please return the envelope to the student for the inclusion of this item within the student's application packet. Please do not use staples to attach documents.

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Describe your experience with middle school students: _____

Please note that the student's complete application must be postmarked with a date not later than **April 1** and must contain the recommendation.

Applicant and Parent or Guardian Statement

Applicant: Please sign here to indicate that all of the above information is accurate and that the content of your application is your own work and ideas.

Applicant Signature: _____ Date: _____

Parent/Guardian: Please sign here to indicate that all of the above information is accurate and that the content of the application is your son's/daughter's work and ideas.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian: Please sign here to indicate that all of the above information is accurate and that the content of the application is your son's/daughter's work and ideas.

Parent/Guardian Signature: _____ Date: _____

Please note that the student's complete application must be postmarked with a date not later than **April 1**.