



Academic Scholarship Application

***Submit to Admissions Office by November 15<sup>th</sup>***

*Students who wish to be considered for the Griffin Four Year Merit Scholarship, the Evelyn Gere Memorial Scholarship, Principal's Merit Scholarship or the Pauline and Werner Bothe Veritas Memorial Scholarship must fill out this application form.*

***Please note: You must sit for the High School Placement Test at Donovan Catholic and have an active application with student records in order to be considered for any merit scholarships.***

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Current School: \_\_\_\_\_

*If you require more space for any responses, please feel free to attach additional pages if necessary*

- Please list any academic honors or awards that you have received while in middle school:

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- Please list any athletics or extracurricular activities that you have participated in while in middle school:

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- Please list any volunteer activities that you participated in. Please specify the number of hours you have completed and provide a contact person and telephone number to verify your hours:

Organization                      Hours Completed                      Contact Person & #

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- Has your life been affected or have you suffered a loss that is related to cancer?

- Yes \_\_\_\_\_

- No \_\_\_\_\_

- *If yes, please explain:*

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- Letter of Recommendation:

- Please attach a letter of recommendation from a current or former middle school teacher to this application in a sealed envelope.

- Essay:

- Type an essay explaining to the Scholarship Committee what a Donovan Catholic education means to you. Please do not hand write your essay.

- Limit your response to no more than 500 words.

- Please print and attach your essay to this application.

- Interview:

- If you are an academic scholarship candidate, you will be notified by the Admissions Office and be asked to schedule an interview with the Scholarship Committee.

**Parent Information Sheet**

**PARENT NAME** \_\_\_\_\_ **PARISH** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

**NAMES and GRADES of STUDENT(S) who will be attending Donovan Catholic:**

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

**ARE YOU APPLYING for any other tuition assistance?**

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

**SPECIAL INFORMATION you feel is IMPORTANT:**

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

**Do you expect to receive any other grants or scholarships? In what amounts? Please be specific.**

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

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Return this form along with the scholarship application to:**

Donovan Catholic  
Admissions Office – Room 404  
711 Hooper Avenue  
Toms River, NJ 08753