

**ST. JOHN CHURCH
5 St. John's Court
Cromwell, CT 06416
860-635-5590**

2018 APPLICATION FOR PARISH SERVICE SCHOLARSHIP

Criteria:

To apply for St John Parish Service Scholarship, an applicant must be:

- * an active member of St. John Church, Cromwell, CT whose family is a registered member of St. John Church;*
- * graduating from high school and attending college in the Fall; and*
- * involved in service to the Parish family of St. John Church, Cromwell, CT*

Directions:

This application must be completed and received in the St. John Church Office on or before March 4, 2018. A transcript and letters of recommendation are not required.

Application process:

- 1.) The applicant fills out the application. Please PRINT.*
- 2.) The applicant then asks the primary person for whom she/he worked in the Parish to confirm her/his service to the Parish.*
- 3.) The person for whom the applicant worked in the Parish then hands in the applicant's application to the Church Office.*

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

(If parents are deceased, please give legal guardian information .)

Father's Name: _____ Living or Deceased *(circle one)*

Mother's Name: _____ Living or Deceased *(circle one)*

Number of siblings living at home: _____

Are there any unusual family circumstances the Selection Committee should know about in reviewing your application? *(please be specific)*

Are you presently employed? Yes No *(circle one)*

Where and how many hours per week? _____

What is your intended major? _____

What college do you plan to attend in the fall? _____

With what St. John Church event(s) have you volunteered to help? (Circle the grade(s) you were in.)

_____ St. Vincent dePaul meals 9 10 11 12

_____ Pasta Supper & Carol Sing 9 10 11 12

_____ Auction 9 10 11 12

_____ Other (please be specific) _____

In what St. John ministry (ies) are or were you active? (circle the grade(s) you were in)

_____ Faith Formation Teacher 11 12

_____ Altar Server 9 10 11 12

_____ Faith Formation Assistant 9 10 11 12

_____ Toddler Room 9 10 11 12

_____ Pre-K Assistant 9 10 11 12

For the person for whom the applicant worked in the Parish

Please check one of the following:

The applicant _____ did what she/he was asked to do.

_____ went beyond what she/he was asked to do.

_____ was exceptional in her/his service.

Please sign: _____

Please PRINT Name: _____

Date: _____

How would you describe your Mass attendance? (please circle one of the following)

weekly

frequently

occasionally

seldom

List any school activities which are considered to be service focused in which you participated. (Include the number of years you were involved in each)

