

Father Bill Atkinson Foundation Student Scholarship Application

Students: Please MAIL the application
(NO STAPLES; single-sided; regular US Mail) by **March 1**, to:

The Father Bill Atkinson Foundation
P.O. Box 1322
West Chester, PA 19380.

Questions? E-mail: info@fatherbillatkinson.org

Standardized Test Scores & Academic Transcripts

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 transcripts, including current year.

Additional Information – (Optional)

This application has been designed 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 additional information you think is important for the Selection Committee to know about you. Please do not submit copies of honors or awards.

Applicant and Parent or Guardian Statement

Please execute the statement contained within this application.

Professional Recommendation

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.

Academic Recommendation

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

Pls see next page for application:

Student Scholarship Application

First Name _____ Last Name _____

Gender: Male _____ Female _____ Mo./Yr. of Birth _____/_____

Home Address: _____ City _____
_____ State _____ Zip _____

Current School _____ Current Grade _____

Email _____

Parent(s) or Guardian(s) Information

1.) Name Dr./ Ms./ Mrs./ Mr. _____

Home Address: _____

City _____ State _____ Zip _____

Email: _____

Preferred Phone for Contact (____) _____ - _____

Relationship to Applicant _____

Occupation _____ Employer _____

2.) Name Dr./ Ms./ Mrs./ Mr. _____

Home Address _____

City _____ State _____ Zip _____

Email: _____

Preferred Phone for Contact (____) _____ - _____

Relationship to Applicant _____

Occupation _____ Employer _____

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, and clubs.

Activity/ Dates of Positions	School Interest	Participation Held	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.). Please do not attach actual awards or honors.

Short Answer Questions

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

1. Research Fr. Atkinson's character traits. Explain some of your traits that you think would be similar to his.
2. You meet someone that tells you, "Catholic school isn't for everyone." Explain how you might respond.
3. Cite one instance where you have struggled. How did you deal with it? Looking back, would you have changed anything?

Essay Question

Please answer one of the three questions below typed on one sheet of paper and include within 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?

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

Describe your experience with middle or high school students:

Please note that the student's complete application must be postmarked with a date not later than March 1 and must contain your recommendation in order to be considered.

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 sealed 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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Professional Information (of person writing Recommendation)

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Title _____ Organization/Company _____ Mailing
Address _____ City
_____ State _____ Zip _____

Phone _____ Email _____

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

Describe your experience with middle or high school students:

Please note that the student's complete application must be postmarked with a date not later than March 1 and must contain your recommendation in order to be considered.

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: _____

Please note that the student's complete application must be postmarked with a date not later than March 1. In order to be considered, this application must be contain all sections that are not designated (Optional).

Thank you for your interest and application!