



<i>Office Use Only</i>	
Date Received	_____
Application Reviewed	_____

Jim Payne Tuition Assistance Fund Application Form

Date Submitted: _____ **School Year Applying For:** _____

Date PSAS Mailed: _____ **Current Grade:** _____ **Cumulative G.P.A.** _____

Elementary/Junior High: _____

Student's Full Name: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Phone: _____ **email:** _____

Date of Birth: _____ **Sex:** M ___ F ___

Father's Full Name: _____

Mother's Full Name: _____

Letter of Recommendation Attached: ____ (Must not be from a family member)

Application Essay: Please describe your interest in Catholic school education and your qualifications for this scholarship. *Essay should be 250-500 words, double spaced and typewritten. Please attach essay to your application materials.*

<input type="checkbox"/> School Administration verifies that Student is in good standing with no current student or athletic probation	
_____ Signature of School Administrator	_____ Date

Applications Accepted: February 1 through April 1

- Eligible candidates are incoming 9th through 12th grade Catholic Central HS students.
- Financial need is of primary consideration.
- Candidate must have a cumulative GPA of 3.0 at the time of application.
- Eligible candidate must complete a 500 word essay (two pages minimum) describing how they have overcome or are overcoming obstacles or challenges in their personal lives. Why this scholarship will make a positive difference in the quality of their life.
- One scholarship will be awarded each year.
- The scholarship will be awarded directly to the students tuition account.
- The student may reapply for the scholarship if required criteria are met.



Name _____

Scholarship _____

CC__ WC__ Both__ Date _____

Community Service Activities/Extracurricular Activities/ Awards and Honors

Please list your Christian Service:

Dates From/To (i.e. 12/08-12/09)	Hours	Christian Service Activities	Organization

Please list your Extracurricular Activities:

Dates From/To (i.e. 12/08-12/09)	Hours	Extracurricular Activities	Organization

Please list your Awards and Honors:

Dates From/To (i.e. 12/08-12/09)	Awards & Honors Received