

**RETURN APPLICATIONS TO:**

**CHRISTINE RODIC**  
2132 SE Stonecrop Street  
Port St. Lucie, Florida 34984  
[pbdccwscholarship@gmail.com](mailto:pbdccwscholarship@gmail.com)  
*Please indicate Scholarship and  
Applicants full name in subject  
line*

*Completed Applications  
MUST be received by  
April 1<sup>st</sup>, 2022*

**PALM BEACH DIOCESAN  
COUNCIL OF CATHOLIC WOMEN  
\$1,000.00 High School Scholarship Award 2022**

**APPLICATION FORM**

**DATE OF APPLICATION** \_\_\_\_\_

**APPLICANT'S NAME**

\_\_\_\_\_

First

Middle

Last

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

Street

City

Zip Code

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

**TELEPHONE** \_\_\_\_\_ **PARISH** \_\_\_\_\_

**SCHOOL NOW ATTENDING** \_\_\_\_\_

**High School accepted to and will attend in the Fall of 2022** \_\_\_\_\_

**CRITERIA CHECKLIST**

- Applicant/family must be a registered and active member(s) of a Catholic Parish in the Diocese of Palm Beach. Candidate must be entering her freshman year of High School.
- Applicant must include acceptance letter/confirmation from CATHOLIC High School she will be attending in the fall of 2022.
- A copy of registration of enrollment will be required when available.
- Applicant must document how she exemplifies leadership qualities in school, parish activities and community service. (see pg 2- Applicant Profile)
- Applicant must include an essay (approx. 200 words) outlining her values and goals as a Catholic student and how they have influenced her to continue in a Catholic High School
- Applicant must include three independent recommendations, using the form entitled RECOMMENDATIONS on pg 4 of the application. The three independent recommendations shall consist of one from each of the following three categories:
  1. *School Principal, Guidance Counselor, or Teacher*
  2. *Parish Priest or Religious Education Director*
  3. *Personal Friend or Community Leader*

A letter may accompany the independent recommendation, but completion of the form RECOMMENDATIONS is required. No more than 3 will be considered.

**Palm Beach Diocesan Council of Catholic Women**  
**\$1,000.00 High School Scholarship Award**

**2022**

**APPLICANT PROFILE (Please Print.)**

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First

Middle

Last

Parent's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City

Zip Code

Telephone \_\_\_\_\_

Elementary/Jr. High schools attended \_\_\_\_\_

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List complete details of following information, e.g.; amount of time spent description of involvement, responsibilities.

If you require additional space, please use reverse side of this paper.

Hobbies:(Sports, Music, Art, Drama) \_\_\_\_\_

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

Community Service: (Hospital Volunteer, Red Cross, Soup Kitchen) \_\_\_\_\_

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

Parish Involvement (youth groups, ministries, volunteer)

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

School Activities and Awards (student government, clubs, and class officer).

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

Is there a course of study in which you are interested?

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

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

How did you find out about this scholarship? - Through your Parish, School Guidance Office, or a member of the Council of Catholic Women.

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

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



**Palm Beach Diocesan Council of Catholic Women**  
**\$1,000.00 High School Scholarship Award**  
**2022**  
**RECOMMENDATIONS**

**Recommendation for:**

**Applicant's Name** \_\_\_\_\_

**Parish/School** \_\_\_\_\_

This Applicant has applied for the Palm Beach Diocesan Council of Catholic Women Scholarship Award.  
Your evaluation and comments will help facilitate the selection process.

Please evaluate the applicant as follows, using a point scale of 1-10, with 10 being the highest score.

MATURITY \_\_\_\_\_

INTEGRITY \_\_\_\_\_

ATTITUDE \_\_\_\_\_

LEADERSHIP \_\_\_\_\_

ACADEMIC  
MOTIVATION \_\_\_\_\_

OVERALL  
ASSESSMENT \_\_\_\_\_

Summary comments describing this applicant.

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Please state how long you have known this applicant and why she is worthy of this scholarship.

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Please print your name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Signature \_\_\_\_\_ Telephone number \_\_\_\_\_

**RETURN RECOMMENDATIONS BY APRIL 1, 2022, TO:**

Christine Rodic  
2132 SE Stonecrop Street  
Port St. Lucie, Florida 34984

[pbdccwscholarship@gmail.com](mailto:pbdccwscholarship@gmail.com)

**Please include Scholarship and Applicant's Full Name in the Subject Line when emailing.**

**Palm Beach Diocesan Council of Catholic Women**  
**\$1,000.00 High School Scholarship Award**  
**2022**

**CERTIFICATION AND SIGNATURE**

**All the information on this application is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this application. Falsification of information may result in termination of any scholarship granted. Applicant agrees to an interview by the Scholarship committee if necessary.**

**APPLICANT'S SIGNATURE**

**DATE** \_\_\_\_\_

**PARENT'S/GUARDIAN  
SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Relate any additional information or special circumstances you feel the Selection Committee should consider in the selection process. PLEASE PRINT**

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**Signature** \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

**Palm Beach Diocesan Council of Catholic Women  
\$1,000.00 High School Scholarship Award  
2022**

**CERTIFICATE OF ELIGIBILITY**

This is to certify that

\_\_\_\_\_

and/or her family is/are a registered and active member(s) of this parish.

Reverend

\_\_\_\_\_

Pastor

Church of

\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATIONS  
MUST BE RECEIVED  
BY APRIL 1, 2022**

**RETURN APPLICATIONS TO:  
CHRISTINE RODIC  
PBDCCW HS Scholarship Chairman  
2132 SE Stonecrop Street  
Port St. Lucie, Florida 34984  
[pbdccwscholarship@gmail.com](mailto:pbdccwscholarship@gmail.com)  
Please indicate Scholarship and  
Applicant's Full Name in the Subject Line**