

**FRIENDS OF CATHOLIC EDUCATION, INC.**  
**P.O. Box 3710**  
**FREDERICK, MARYLAND 21705**  
**301-846-7804**

**SIDE I STUDENT APPLICATION – ST. PETER CLAVER SCHOLARSHIP**  
PLEASE PRINT OR TYPE

1. Current Grade \_\_\_\_\_ Current School \_\_\_\_\_
2. Student Name \_\_\_\_\_  
(Last) (First) (Middle)
3. Address \_\_\_\_\_  
(Street) (City) (State) (Zip)
4. Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
5. Parents' Names \_\_\_\_\_
6. I am registered in \_\_\_\_\_ Catholic Parish.
7. A copy of the school's acceptance notice is attached. (New Student Only)
8. **You MUST complete your school's financial aid application (*FACTS*) for consideration.**
9. I have written an essay on the life of St. Peter Claver and how I might emulate him (attached) \_\_\_\_\_  
Note: The essay should be age-appropriate in nature, should not exceed 500 words and must include bibliography.
10. Current number of children enrolled in Catholic Schools. \_\_\_\_\_

**It is understood and agreed that scholarship application records are confidential and no information from the application, test scores, or evaluation will be disclosed to anyone outside the scholarship determination process, which includes applicants, parents/guardians, school principals, Friends of Catholic Education personnel, and scholarship committee members.**

I certify that all forgoing information is true, correct, and complete. I further understand that falsification of any information provided to Friends of Catholic Education will disqualify the above-named student from scholarship consideration.

Signature \_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Student

\_\_\_\_\_  
Email

This application was given to my school principal on \_\_\_\_\_ (date). **IMPORTANT:** This form must be given to the principal of the school you are now attending in time to meet our deadline, March 30, 2023. Allow at least 7 days for the principal to complete Side II. **LATE APPLICATIONS WILL NOT BE PROCESSED.**

\_\_\_\_\_  
(Official use only)

**SCHOOL DATA**

Official school information to be completed by the school principal and received by Friends of Catholic Education on or before March 30, 2023.

DATE APPLICATION RECEIVED BY PRINCIPAL \_\_\_\_\_

**SIDE II SCHOOL DATA**

1. Student Name \_\_\_\_\_  
(Last) (First) (Middle)

**EDUCATION RECORD**

2. Name of standardized test given: \_\_\_\_\_

3. Student tested in grade \_\_\_\_\_ year \_\_\_\_\_

4. Most recent standardized test composite score: \_\_\_\_\_

5. Attach report card grades \_\_\_\_\_

**FINANCIAL**

6. Please list any financial assistance grants/scholarships this student will be receiving:  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL SUPPORT DATA** (Circle ONE) Use data for ENTIRE first semester.

7. SELF-DIRECTION AND DISCIPLINE

(Does not have to be reprimanded frequently; gets along well with peers; works well alone and with others.)

5	4	3	2	1
Excellent	Very Good	Average	Below Average	Poor

8. WORK HABITS

(Displays those habits of study which lead to achievement; completes assigned tasks, is prompt, concentrates well, locates information.)

5	4	3	2	1
Excellent	Very Good	Average	Below Average	Poor

9. INVOLVEMENT IN SCHOOL ACTIVITIES

(Participates in class discussion; is a good leader as well as a group member; participates in voluntary activities, is admired by others.)

5	4	3	2	1
Excellent	Very Good	Average	Below Average	Poor

10. Estimate the candidate's likelihood for ACADEMIC SUCCESS in future years.

5	4	3	2	1
Excellent	Very Good	Average	Below Average	Poor

11. I recommend this student as a person of good character. YES \_\_\_\_\_ NO \_\_\_\_\_

12. Principal's comment: \_\_\_\_\_  
\_\_\_\_\_

Signature of Principal \_\_\_\_\_

**IMPORTANT:** \*Attach copy of report card grades.

DATE APPLICATION RECEIVED BY FRIENDS OF CATHOLIC EDUCATION, INC. \_\_\_\_\_