

2024-2025

# ROSINA PATTERSON MEMORIAL SCHOLARSHIP

## APPLICATION INSTRUCTIONS

**This scholarship is made available for students in financial need.  
It is not a merit scholarship**

**NOTE: ALL students chosen for the scholarships must provide a written reply accepting the Scholarship within 2 weeks of notification. If a reply is not received, it is presumed the student is not accepting the scholarship which will be awarded to another candidate.**

### **Complete application must include:**

- Application** (Page 1)
  - Previous Scholarship Recipients – Include the amount received for each grade
- Parent/Guardian Information and Authorization** (Page 1)
- Two (2) Recommendation forms** (Page 3)
  - One (1) Recommendation Form from staff member at current school
  - One (1) Recommendation Form from other adult such as pastor, minister, rabbi, youth director, employer, scout leader, etc. No relatives can be used as a reference
- Financial Information – submit the following: PLEASE READ CAREFULLY. INCOMPLETE FINANCIAL INFORMATION WILL DISQUALIFY THE APPLICANT.**
  - ✓ Form 1040 (current year filing with signature and date) for parent(s)/guardian(s) in which the student resides
  - ✓ Mark out social security numbers and bank information
  - ✓ Include *Adjusted Gross Income* from Form 1040 (Page 2) in Application (Page 2). If parents/guardians file separately, include Adjusted Gross Income under mother/guardian and father/guardian. If parents/guardians file jointly, include Adjusted Gross Income under Adjusted Joint Gross Income (Application, Page 2).
  - ✓ If income is received from other sources, list under “Other Income” (Application, Page 2) and provide supporting documentation (Income not covered under Adjusted Gross Income, 1040 form): (examples of other income - alimony, cash, child support, hobby, inheritance, VA, Social Security or insurance disability, retirement (IRA or 401(K) annuities), military active duty allowances, and unemployment benefits).
- Please explain, in detail, the nature of your financial crisis that makes the tuition payment at SJA unaffordable.**
  - **Financial disclosures must be in the name of the person(s) responsible for the tuition.**
- Brief Autobiography – must be written by student in clear legible handwriting or computer printed - (approximately 100 words) including, but not limited to:**
  - Activities, service or volunteer projects
  - Awards and honors
  - Why it is important for you to get this scholarship
- Individual Picture**
  - Wallet size school picture preferred, others will be accepted. **Please put name on back of photo**

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***Deadline: Monday, April 5<sup>th</sup>, 2024 by 3:00 p.m.***

***Only complete applications with items listed above will be accepted.***

***EMAIL WILL BE NOT BE ACCEPTED***

**Mail to:** Rosina Patterson Memorial Scholarship Selection Committee, c/o of Mrs. Phyllis Croucher, Mission Advancement Manager, P.O. Box 3506, St. Augustine, Florida 32085-3506

**Deliver to:** Rosina Patterson Memorial Scholarship Selection Committee, c/o of Mrs. Phyllis Croucher, Mission Advancement Manager, 241 St. George Street, St. Augustine, Florida 32084

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2024-2025

# ROSINA PATTERSON MEMORIAL SCHOLARSHIP

## APPLICATION

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
Last name First Name Middle Initial

Street Address (no POB) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Email: \_\_\_\_\_

Male  Female Date of Birth (Month/Day/Year) \_\_\_\_\_ Current Grade Level \_\_\_\_\_

School Presently Attending \_\_\_\_\_

Number of Children in Home \_\_\_\_\_ Parish/Church \_\_\_\_\_

Have you received this scholarship in previous year?  Yes  No List the amounts received for each grade:

9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_

List any financial assistance currently receiving: \_\_\_\_\_

**Recommendations** – Two recommendations are required as described below:

*School Recommendation* - Name: \_\_\_\_\_

*Other Adult Recommendation* - Name: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION AND AUTHORIZATION

Mother/Guardian		Father/Guardian	
Name		Name	
Home Number		Home Number	
Work Number		Work Number	
Cell Number		Cell Number	
Email Address		Email Address	
Occupation		Occupation	
Company		Company	

### Income

Adjusted Gross Income (Mother)		Adjusted Gross Income (Father)	
Adjusted Joint Gross Income		Other Income	

I authorize the Sisters of St. Joseph to photograph and/or videotape my child and use the photographs/videos for educational or promotional purposes. The photographs/video may not be used for profit without my expressed permission. I understand that I or my child will not be paid or rewarded for providing this authorization.

I understand that a social function may be held to honor students who receive scholarships and that transportation to the event venue may be required by me or in the event that transportation is provided, I hereby give my permission for my child to be transported to the event.

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

2024-2025

# ROSINA PATTERSON MEMORIAL SCHOLARSHIP RECOMMENDATION

Rosina Patterson was a student of St. Joseph Academy during the period in which the school was owned and operated by the Sisters of St. Joseph of St. Augustine. Ms. Patterson held in high regard the education that she received at St. Joseph Academy and recognized the influence of the Sisters who taught her in the early years of her life. Upon her death in 1992, she established the **Rosina Patterson Memorial Scholarship Fund** to provide grants to students for attendance at St. Joseph Academy.

Applicants are required to submit two (2) recommendations for scholarship consideration. Your completion of this recommendation form is greatly appreciated. *You can not be related to the applicant.*

Recommendation for (applicant): \_\_\_\_\_

### Recommendation from:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_

Relation to Applicant:  Teacher  Pastor, Minister, Rabbi  Youth Director  Scout Leader  Employer  
 Other, specify: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Please tell us why you think this student would be a good scholarship candidate.

***Please mail completed recommendation (Deadline April 5, 2024 by 3:00 pm) to:***

Rosina Patterson Memorial Scholarship Committee, c/o Mrs. Phyllis Croucher, Mission Advancement Director,  
P. O. Box 3506, St. Augustine, Florida 32085-3506.

# **ROSINA PATTERSON MEMORIAL SCHOLARSHIP FUND**

## **HISTORY:**

Rosina Patterson was a student of St. Joseph Academy during the period in which the school was owned and operated by the Congregation of the Sisters of St. Joseph. Rosina Patterson held in high regard the education that she received under the influence of the Sisters who taught her in the early years of her life. Rosina Patterson was born on October 29, 1892 and died on February 28, 1992.

## **THE ROSINA PATTERSON MEMORIAL SCHOLARSHIP FUND:**

A fund established in 1992 providing grants to needy students for attendance at St. Joseph Academy, 155 State Road 207, St. Augustine, Florida 32084

## **TITLE OF FUND:**

Rosina Patterson Memorial Scholarship Fund

## **AREA:**

St. Joseph Academy, St. Augustine, Florida

## **LEVEL OF EDUCATION FOR WHICH AWARD IS GRANTED:**

High School

## **NUMBER; AMOUNT; TYPE OF AWARD:**

Unspecified number and amount of scholarship. Scholarship awards are based on the fund return on investment for the previous year. The average award amount is around \$350 per student. Each recipient is negotiated individually. Renewable. NEW application must be made every year.

## **ELIGIBILITY:**

Students who are currently attending St. Joseph Academy or will be entering as a freshman for the next funding period. Eligibility is also based on character and need.

## **METHOD OF DISBURSEMENT:**

Scholarship paid directly to St. Joseph Academy for tuition, textbooks and/or course material expenditures.

## **APPLICATION PERIOD:**

Awards are made annually. Deadline for submission indicated on application.

## **MAIL TO:**

Rosina Patterson Memorial Scholarship Fund  
Sisters of St. Joseph of St. Augustine  
Mission Advancement Office  
Post Office Box 3506  
St. Augustine, Florida 32085-3506

**-OR-**

## **DELIVER TO:**

Rosina Patterson Memorial Scholarship Fund  
Sisters of St. Joseph of St. Augustine  
Mission Advancement Office  
241 St. George Street  
St. Augustine, Florida 32084

**No emailed information will be accepted**

## **AWARD NOTIFICATION AND DISBURSEMENT:**

Applicants will be notified via U.S. mail of scholarship acceptance within 30 days after above deadline. Funds will be directly distributed to St. Joseph Academy for tuition, textbooks and/or course material expenditures.