



# SANTA MARGARITA EAGLE FOUNDATION

A FOUNDATION FOR SANTA MARGARITA CATHOLIC HIGH SCHOOL

## The Eagle Alumni Association Scholarship Application

Deadline for Submission: January 7, 2025

This scholarship is a scholarship of the "heart" in many ways. The applicant should be one who will be an ambassador for SMCHS after they have graduated. One who is PROUD of their years here at SMCHS and will have a smile on their face when they talk about their high school experiences. The applicant should be a student that will participate in alumni activities, possibly even serve on the Alumni committee to choose the scholarship winner in the future. One of the scholarships will be weighted heavily by financial need, if necessary, but the other one will not be based on financial need.

### CRITERIA FOR SELECTION

The Alumni Department has established the following scholarship criteria:

- One scholarship given to a candidate who demonstrates financial need.
- One scholarship given to a candidate by merit - open to all.
- Graduating senior.
- Minimum GPA of 3.0.
- Completion of the Eagle Alumni Association Scholarship Application.
- The scholarship recipient will write an acknowledgement letter to the Eagle Alumni Committee with a copy to SM Eagle Foundation

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

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Non SMCHS E-mail: \_\_\_\_\_

GPA: \_\_\_\_\_  Graduating Senior (Class of 2025)

Please indicate to which colleges you have applied to and check the box for each school where you have been accepted.

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Please indicate any scholarship offers you have received. Please list the school name and the award.

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

**IN THE SPACE BELOW, PLEASE ANSWER THE FOLLOWING QUESTIONS. (Use additional sheets of paper if necessary.)**

SMCHS and outside high school activities, sports, clubs (please list leadership positions held): \_\_\_\_\_

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Please list all SMCHS and outside honors and awards received: \_\_\_\_\_

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Community Service (Describe your involvement and estimate your hours per month of service): \_\_\_\_\_

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What kind of impact has Santa Margarita had on your life? What does SMCHS mean to you?

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How do you plan to be involved as a Santa Margarita alumnus/alumna and why is it important to you?

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Please describe any work experience and estimate the number of hours you work or have worked per week during high school and summers: \_\_\_\_\_

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Please list any additional information you would like to share that you feel may be pertinent to this application and receiving the scholarship: \_\_\_\_\_

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Please briefly describe the reason the student named above may have financial need.  
**Student or Parent can complete this question.**

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For more information, contact the Foundation Office at 949-766-6080 or [advancement@smearglefoundation.org](mailto:advancement@smearglefoundation.org), or contact Cori Armstrong at [armstrongC@smearglefoundation.org](mailto:armstrongC@smearglefoundation.org)

**Completed applications are due to the Foundation Office by 1/7/2025.**