ARCHBISHOP ALTER SCHOLARSHIP INSTRUCTIONS

INTENT OF FUND
The Archbishop Alter Scholarship Fund was established in 1964 to promote African American Catholic leadership. Its purpose is to assist graduating senior high school students in the Archdiocese of Cincinnati who are African American and Catholic to attend a college or university. A scholarship recipient may choose to attend a parochial, private or public institution. The Archbishop Alter Scholarship is a four-year renewable grant (paid twice a year.) Scholarship candidates are urged to attend a four-year college/university. Scholarship candidates who choose to attend a two-year college or university will be considered. A scholarship candidate must maintain at least a 2.0 grade point average in order to renew the scholarship.

Application
Candidates are required to complete and submit the following documents:

1. Application Form
2. High School Transcript
3. Letter of Recommendation from your parish priest, pastoral administrator or pastoral staff member.
4. Letter of recommendation from your high school principal or guidance counselor that speaks of your high school performance and your potential in the college setting.
5. List of copies of any other awards you will be receiving. This should also be submitted by the counselor or principal.
6. A copy of your parents or guardians most recent W-2 Form (s).
7. An autobiographical statement [a maximum of 150 words] expressing your background and career goal (s).
8. A recent photograph.

Submission
All seven items listed above should be sent to:

Archbishop Alter Scholarship Fund
Office of American Catholic Ministries
Archdiocese of Cincinnati
Attention: Rev. Mr. Royce Winters, Director
100 East Eighth Street
Cincinnati, Ohio 45202-2193

DEADLINE: APRIL 16, 2016 – POSTMARKED - FAXED 513-421-1582 or E-Mailed - rwinters@catholiccincinnati.org

INCOMPLETE APPLICATIONS AND/OR APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

CRITERIA: [WEIGHTED]
- Economic Need
- Academic Potential
- Leadership Potential
- Parish Involvement
- Community Involvement
- Career Goals
- Motivation

The amount of funds available under this grant is not enough to fully finance a student’s annual educational expense. The intent of the grant is to help the student defray the cost of a higher education.

Revised (05/12)
ARCHBISHOP ALTER SCHOLARSHIP FUND STUDENT APPLICATION

Date ________________________

Name ________________________________________________________________

Date of Birth ________________________ Social Security Number _________________

Address ___________________________________________________________________

City __________________________________ State ______________________ Zip Code ______

Telephone Number ____________________ Cellular Phone ____________________ E-mail ________________

High School Attended __________________________________ Telephone No.____________

Address ___________________________________________________________________

Current Grade Point Average ______________ Class Rank ________________________

High School Activities__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Composite ACT Score ___________________ Total SAT Score ______________________

College/University Where You Have Applied For Admission Accepted

___________________________________________________________________________

________________________ Yes_______ No_______

___________________________________________________________________________

________________________ Yes_______ No_______

___________________________________________________________________________

________________________ Yes_______ No_______

Yes College Do You Plan To Attend?

Name ____________________________________________

Address ___________________________________________________________________

Intended Major ____________________________________________

__________________________________________________________

Revised (10/10)
**PARISH MEMBERSHIP**

Name of Parish  

Address  

Telephone  

Pastor  

Parish Activities  

**PARENT/GUARDIAN [Please list both parents]**

Name/s  

Address (if different)  

Place of employment  

Number of Siblings Attending Parochial or Private School  

Name  

School Attending  

Name  

School Attending  

Name  

School Attending  

Name  

School Attending  

Number of Siblings Attending College or University  

Name  

School Attending  

Name  

School Attending  

Name  

School Attending
PARENTAL FORM SCHOLARSHIP ADDENDUM

Parent/Guardian Name ____________________________________________

Parent/Guardian Address __________________________________________

City        State        Zip

Telephone Number ____________________________     Cellular Number ____________________________

Place of Employment ________________

Employer’s Address ____________________________________________

City        State        Zip

Total Annual Income ________________________________

(Please send a copy of your W-2 form/s)

Are there any special circumstances (i.e., economic hardship, family issue) that would increase your child’s eligibility for this grant?

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Revised 12/2014