

St. Sebastian Parish FOUNDATION SINCE 1971

476 MULL AVENUE * AKRON, OHIO 44320-1299 * stsebastian.org/foundation

The Elms Family Scholarship for 2024-2025

Scholarship Award Application for Our Lady of the Elms High School

Student's Name (please print in ink)		Grade in the fall of 2024
Address		
City/State/Zip		Parent/Guardian Home Phone
Parent/Guardian Email Address		Parent/Guardian Cell Phone
☐ I understand that this scholar High School.	rship is to help cover	a portion of my freshman year tuition costs at Our Lady of the Elms
☐ I understand that this scholar	rship is limited to gra	duates of St. Sebastian Parish School.
☐ I am indicating Our Lady of th	ne Elms High School a	s my first choice of high schools.
☐ I understand that this scholar freshman year, upon verification		ectly to Our Lady of the Elms School the summer before my
, , ,	•	ds or less: How I have been involved in my parish and community dy of the Elms High School is important for me and my family.
☐ Attached is a one-page letter	of recommendation	from a teacher at St. Sebastian Parish School.
☐ I give permission for the scho	ol to provide a copy o	of my student's grades from the current school year.
☐ I understand that late or inco	mplete applications	will not be considered.
☐ I understand the deadline for	the application and	essay is <mark>January 25, 2024</mark> .
		is true, correct and complete to the best of our knowledge and clude all parties responsible for paying tuition for this student.
Student Signature	 Date	
Parent/Guardian Signature	 Date	Parent/Guardian Signature Date

Please drop off the application and essay to the school office or mail to: St. Sebastian Parish Foundation, Attn: Elms Family Scholarship, 476 Mull Ave., Akron, OH 44320

If applying for more than one scholarship, <u>please use a separate envelope for each application</u>, labeled clearly with the scholarship name.