

## St. Sebastian Parish FOUNDATION SINCE 1971

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

## **Denise Maroon Finley Memorial Scholarship for 2024-2025**

Scholarship Application for Archbishop Hoban 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 scholars High School.	ship is to help cover	a portion of my freshman year tuition costs at Archbishop Hoban
☐ I understand that this scholars	ship is limited to gra	duates of St. Sebastian Parish School with a financial need.
☐ I am indicating Archbishop Ho	ban High School as i	my choice of high school.
☐ I understand that this scholars freshman year, upon verification of	· ·	ectly to Archbishop Hoban High School the summer before my
		rds or less: How I have been involved in my parish and a priority for my family and me.
☐ I give permission to the schoo	l to provide a copy o	of my student's grades from the current school year.
☐ I understand that late or incor	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	

Please drop off the application and essay to the school office or mail to: St. Sebastian Parish Foundation, Attn: Finley 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.