

St. Sebastian Parish FOUNDATION SINCE 1971

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

Gerstenmaier Family Scholarship for 2024-2025

Scholarship Award Application for Walsh Jesuit 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	
		a portion of freshman year tuition costs at Walsh Jesuit High d by the scholarship committee between two or more qualified	
☐ I understand that this scholar	ship is limited to grad	duates of St. Sebastian Parish School.	
☐ I am indicating Walsh Jesuit F	ligh School as my firs	t choice of high schools.	
☐ I understand that any scholar freshman year, upon verification	•	paid directly to Walsh Jesuit High School the summer before my	
		sh and community and why a	
☐ I give permission for the scho	ol to provide a copy	of my student's grades from the current school year.	
☐ I understand that late or inco	mplete applications v	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: Gerstenmaier 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.