

St. Sebastian Parish FOUNDATION SINCE 1971

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

The Tom and Jeanne LaRose Family Memorial Scholarship for 2024-2025

Scholarship Application for St. Sebastian Parish School

Student's Name (please print in ink)			Grade in the fall of 2024	
Address				
City/State/Zip			Parent/Guardian Home P	hone
Parent/Guardian Email Address			Parent/Guardian Cell Pho	one
☐ I understand that this scholarship (who will be students in grades K-8 for				_
☐ I understand that this scholarship that financial need will be taken into c		•		Parish and
☐ yes ☐ no: We submitted FACTS pa	perwork at the sta	rt of this schoo	l year indicating financial a	ssistance is desired.
☐ yes ☐ no: I have siblings attending	(or who have prev	iously attended	d) St. Sebastian Parish Scho	ool
 Attached is my one page essay of 3 applicant. For younger students, parer Wh 		ting the child's	thoughts is acceptable.)	ırate with the age of
☐ I understand that any scholarship a tuition.	awarded will be pa	aid directly to S	t. Sebastian Parish School a	and applied toward my
☐ I give permission for the school to	provide a copy of	my student's g	rades from the current sch	ool year.
☐ I understand that late or incomple	te applications wil	I not be consid	ered.	
☐ I understand the deadline for the a	application and ess	say is <mark>January 2</mark>	<mark>25, 2024</mark> .	
☐ I / We declare that the information that the parent/guardian signatures i				-
Student Signature	Date	_		
Parent/Guardian Signature	Date	 Parent	//Guardian Signature	Date

Please mail your application and essay to:

St. Sebastian Parish Foundation, Attn: LaRose Family Memorial 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.