

# The Father Edward Albert Hughes Scholarship 2018-2019 Academic Year Application Form

The Father Hughes Scholarship award program is funded by the parishioners of Saint Matthias the Apostle Church to meet the needs of parish students who attend the Academy of Saint Matthias the Apostle or an accredited Archdiocese of Washington Catholic High School.

**Submission deadline is Tuesday, May 1, 2018.**

**To be considered for this scholarship, each family must have a Financial Aid application on file with TADS. For additional information, please contact Ms. Ann O'Hare, Director of Admissions, in the Academy of Saint Matthias the Apostle Office at 301-577-9412 or [aohare@stmatthias.org](mailto:aohare@stmatthias.org).**

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION:** Please complete and sign an application for each student. Type all answers or print clearly. **Incomplete or illegible applications cannot be considered.** All information on this application is strictly confidential. Applicants will be notified of scholarship awards in writing by May 18, 2018.

## **Student Information:**

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**School Attending in September 2018:** \_\_\_\_\_  
**Grade Level in September 2018:** \_\_\_\_\_

## **Family Information:**

**Father/Legal Guardian:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Years at current job:** \_\_\_\_\_

**Mother/Legal Guardian:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Years at current job:** \_\_\_\_\_

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**Family Information (continued):**

**Siblings in the Household:**

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School Attending in September 2018:** \_\_\_\_\_

**Grade Level in September 2018:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School Attending in September 2018:** \_\_\_\_\_

**Grade Level in September 2018:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School Attending in September 2018:** \_\_\_\_\_

**Grade Level in September 2018:** \_\_\_\_\_

**Other Adults in Household:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Parish Standing:**

**Are parents/guardians registered members of Saint Matthias the Apostle Parish actively practicing their faith by weekly Mass attendance, teaching the faith to their children and receiving the sacraments regularly? Yes / No**

**Are parents/guardians living the principles of stewardship by offering time, talent, and treasure to Saint Matthias the Apostle Parish? Yes / No**

**Parish Offertory Envelope Number** \_\_\_\_\_

**List here the 2017 Adjusted Gross Income figure from your Federal Tax Return (Line 37) or Maryland Tax Return (Line 7): \$** \_\_\_\_\_.

**Your application will not be considered unless this is completed.**

**Family Statement:**

**One or both of the parents/guardians should provide a statement one or two paragraphs in length containing (1) a brief overview in paragraph form of any extenuating circumstances or financial difficulties, such as illness, unemployment, military service, or support of a member of the extended family, that have affected this family during the past twelve months, and (2) the parent's/guardian's personal views on the effect or difference that the experience of a Catholic education is making upon this student applicant.**

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**Consent and Signature:**

**I give my consent and permission for the publication by Saint Matthias the Apostle Catholic Church and the Academy of Saint Matthias the Apostle of my student's name and grade or high school affiliation if he or she is the recipient of an award from the Father Hughes Scholarship Fund. Publication serves the parish by accounting for donations made directly to the fund, through the "Every Penny Counts" box in the sanctuary and by means of memorial donations. *I have indicated in writing if I do not wish my student's name to be used, in which case publication will include student grade only.***

**I further understand that a scholarship is not transferable to any person other than the recipient. In the case of a scholarship recipient's not attending the Academy of Saint Matthias the Apostle or an accredited Catholic high school in the Archdiocese of Washington in September 2018, the scholarship award will be redirected to another qualified student applicant. I have reviewed this application for completeness and accuracy. I certify that my answers are true and complete to the best of my knowledge +so help me God+.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**  
**(Parent/Guardian)**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**  
**(Parent/Guardian)**

**Submit this application to the parish or school office before Tuesday, May 1, 2018 in a sealed envelope marked:**

**"Personal and Confidential"**

**Attention: Reverend John H. Kennealy, Pastor**

**Father E. Albert Hughes Scholarship Application for 2018-2019**

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**Saint Matthias the Apostle Catholic Church**  
**9475 Annapolis Road**  
**Lanham Maryland 20706-3020**  
**[www.stmatthias.org](http://www.stmatthias.org)**