

HOLY NAME HIGH SCHOOL
BERNARD AND ANNA KILCOYNE SCHOLARSHIP

Background:

The Bernard and Anna Kilcoyne Scholarship was established in 1989, and helps those Holy Name High School students who demonstrate a significant financial need.

The minimum grant to be awarded will be \$400 and the maximum award will be \$800. The grants will be awarded in two equal payments each year, on the 15th day of August and on the 15th day of January.

Applicant Criteria:

Grants will be awarded in the following priority: First, to the direct descendants of Bernard and Anna Kilcoyne, and second, to four non-family members, one each in grades nine, ten, eleven, and twelve at Holy Name High School. In this provision, the recipients will be determined by the principal of Holy Name High School

In the case of direct descendants, applications must be sent to the principal of Holy Name High School, indicating their relationship to Bernard and Anna Kilcoyne, and the name of the Catholic high school they will be attending.

Applicant Process:

The student will be required to complete the attached application. The application will ask for the following information to either be printed or typed:

- Name, address, and phone number
- Parents' names, parish, school now attending, and grade
- Academic average over the past two (2) years and co-curricular activities
- Siblings' names, ages, grades, and schools they are attending
- Information on any other financial aid or scholarships he/she is receiving, as well as any other extraordinary expenses his/her family has paid this year
- Applicant's signature and a parent/guardian's signature

**The completed scholarship application should be returned to the Holy Name
Advancement Office by Thursday, March 21, 2019.**

Bernard and Anna Kilcoyne Scholarship Application

Name _____

Address _____

Phone Number _____

Name of Parent(s) or Guardian(s) _____

Parish of which you are a member _____

School now attending _____ Grade _____

Academic Average for the past two (2) years _____

Co-Curricular Activities:

List below your brothers/sisters who are living at home and are fully dependent on your parents for support:

Last Name, First Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____

Are you receiving any other financial aid or scholarships for this upcoming academic year? If so, please list below and the amount you are receiving.

Financial Aid/Scholarship	Amount
<hr/>	<hr/>
<hr/>	<hr/>
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Extraordinary Expenses: (Please list any expenses such as medical and emergency, other school tuition, etc., that you have paid this year.)

Description	Expense
<hr/>	<hr/>
<hr/>	<hr/>
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Student's Signature _____ Date _____

Parent's Signature _____ Date _____

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