

Father John D. Boddie Memorial Scholarship – Continued Enrollment in Higher Education Scholarship Request

Eligibility Criteria – Continued Enrollment in Higher Education Scholarship Request Application

Please review the following criteria to be certain that you are eligible to apply for this scholarship.

To be eligible to participate in the scholarship program, a student must:

1. be a registered member of the Catholic Church of the Visitation in Middlesex County, Virginia;
2. demonstrate a commitment to the church through involvement in worship and other parish related activities;
3. plan continued enrollment in an accredited two-year or four-year college, community college or university in the United States in the following academic semester;
4. submit evidence as to ability, commitment and personal initiative to achieve goals;
5. complete the Father John D. Boddie Memorial Scholarship – Continued Enrollment in Higher Education Scholarship Request Application.

Instructions

General

- Download application file.
- Complete all required fields which are marked by an asterisk (*).
- Send or deliver completed application with all attachments to:

Church of the Visitation
Attn: Father John D. Boddie Memorial Scholarship/Grant

Mailing Address:
P.O. Box 38
Topping, Virginia 23169

Physical Address:
8462 General Puller Highway
Topping, Virginia 23169

Email:
Office@COVTopping.org
Telephone: 804-758-5160

Applicant Information

***Applicant Full Name**

Last, First, M.I.

***Mailing Address:**

***Phone:** _____

***Email:** _____

Academic Information

***School Most Recently Attended**

***Name of College/University**

***Dates Attended (MM/YYYY – MM/YYYY)**

***GPA:** _____

***I plan to enroll or am enrolled in the following:**

***Name of College/University**

***Academic Year:** _____

***Degree Program**

***Undergraduate Degree:** _____

***Graduate Degree:** _____

***Expected Graduation Year:** _____

Personal Statement

***Personal Statement**

Compose an essay reflecting on your growth in faith and how you will use this educational opportunity to enrich the lives of others in the community. Attach to application.

Financial Information

***Statement of Financial Need**

Download and complete the Student Financial Information Form. Describe how this scholarship would be helpful to you and your family. Add any other considerations that affect financial need. Attach to application.

Letter of Recommendation (First time applicants only)

Instructions

You have two options:

- attach all letters of recommendation to your completed application,
or
- have your recommender email the letter of recommendation directly to the Church of the Visitation. The email must state your name.

***Letter of Recommendation #1 - Father John D. Boddie Memorial Scholarship**

Letter must be from someone who knows you through your education, employment or volunteer service.

***Letter of Recommendation #2 - Father John D. Boddie Memorial Scholarship**

Letter must be from an appropriate parish member verifying church involvement.

Certification

***Full name of applicant:**

***Application Packet**

I have checked the Application Packet to ensure that all my attachments appear correctly.

***Applicant Certification**

I certify that the information provided in this application is complete and accurate to the best of my knowledge.

Signature_____

Date_____