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## **KATIE MCCLOSKEY MEMORIAL SCHOLARSHIP FOR JOHN ADAMS HIGH SCHOOL GUIDELINES AND APPLICATION (DUE MARCH 1st)**

On September 11, 2001 Katie McCloskey, beloved daughter, sister, and friend, was lost in the attack on the World Trade Center. The Katie McCloskey Memorial Scholarship Program was established through the Community Foundation of St. Joseph County to honor Katie's life. Katie was born and raised in South Bend, Indiana, and was a 1994 graduate of John Adams High School, where she played on the varsity volleyball and tennis teams. The scholarship is intended to provide financial support to John Adams High School graduates who possess the qualities Katie exemplified.

**The award is open to John Adams High School Seniors who meet the criteria outlined below.** Awards may provide up to **\$3,000** per year toward tuition and fees. Awards must cover specified costs not covered by other grants or scholarships. The award may be renewable for up to seven semesters provided the student remains in good academic standing (per semester grade point average of 2.0).

Applications are available in the John Adams High School Guidance office or may be downloaded from the Community Foundation website at [www.cfsjc.org](http://www.cfsjc.org). **Applications are due at the John Adams High School Counselor's Office by March 1 each year. Late applications will not be accepted.**

### **ELIGIBILITY AND CRITERIA**

#### Applicant must:

- (a) be a senior at John Adams High School;
- (b) pursue a post secondary education at an accredited, nonprofit college or university, beginning in the Fall semester immediately following graduation;
- (c) demonstrate involvement in athletics as a high school senior;
- (d) possess a minimum cumulative grade point average of 2.5;
- (e) demonstrate potential for success;
- (f) submit a complete application by March 1.

Additional consideration will be given for extra curricular activities, community service, leadership, work ethic, quality of essay, and a personal letter of recommendation.

### **REQUIRED DOCUMENTS**

#### Applicant Must Submit:

- (1) **Five copies** of the following completed application form, including attached essay;
- (2) A one-page letter of recommendation from a person who knows you well, submitted at the same time the application is submitted. The letter must be type written and signed by its author;
- (3) Official transcript through Senior year, Fall semester (7th-semester);
- (4) Official copy of ACT/SAT results.

### **SELECTION PROCESS**

John Adams High School will establish a Scholarship Selection Committee to review applications according to the established guidelines. The committee will consist of the John Adams High School Principal and one full time faculty representative each from the Math Department, Biology and Sciences Department, English Department, and the Athletic Department.

**The recipient of the award will be announced each year at the Annual Spring Athletic Dinner. Prior to that time, the process and applicants' status is held in strict confidence.**



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KATIE MCCLOSKEY MEMORIAL SCHOLARSHIP FOR JOHN ADAMS HIGH SCHOOL

Applicant Information

Name: \_\_\_\_\_
First Middle Last (Name You Prefer to be Called)

GPA (7th semester) \_\_\_\_\_ SAT \_\_\_\_\_

Note: The GPA and SAT listed on this application form MUST match your transcript.

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Years Attended John Adams High School \_\_\_\_\_

Will you be the first member of your family to attend college? Yes No

Family Information (Provide the following information where applicable.)

Name of Father/stepfather/guardian: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Name of mother/stepmother/guardian: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Please provide the number of siblings and the age of each.

Number of Siblings \_\_\_\_\_ and ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

College/University Information

List colleges/universities applied to in order of preference:

- \_\_\_\_\_ I have been accepted
I expect notification on \_\_\_\_\_ date.
\_\_\_\_\_ I have been accepted
I expect notification on \_\_\_\_\_ date.
\_\_\_\_\_ I have been accepted
I expect notification on \_\_\_\_\_ date.

Major area of study, program or degree you plan to pursue: \_\_\_\_\_



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**Activities**

Please identify extracurricular and community service activities below, including years of participation and leadership. Please list the activity under the most appropriate category. If additional space is required you may copy the blank form and include additional pages. **Please do not abbreviate.**

**Check Years  
Involved**

**Check Years In  
Leadership**

Fr. Soph Jr. Sr.

Fr. Soph Jr. Sr.

**Awards, Honors, Special Recognition**




**Volunteer Community Service**




**Student Government**




**Athletics**




**Clubs**






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**Work Experience** (Indicate Dates of Employment, Employer, Nature of Work)

**Dates of  
Employment**

Dates of Employment		Employer	Nature of Work
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		

**Additional Information**

Discuss below any additional information or unique or notable circumstances, if any, which you believe should be considered by the Selection Committee.

**Essay**

Please attach a **typewritten** essay, not to exceed 1 page, on the following topic.

1. What do you anticipate for yourself, both personally and professionally, at age 30?

By signing below, I hereby certify the information in this application to be truthful and accurate.

(Applicant Sign Here) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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Letter of Recommendation for: \_\_\_\_\_  
Student Name

## Katie McCloskey Memorial Scholarship Letter of Recommendation

1. Please provide the student with five copies of a 1-page typewritten letter.
2. Letters of recommendation must be included in the student's application packet and received in the John Adams High School Guidance office by March 1. Letters not included in the student's application packet will cause the student to be ineligible for consideration.

### **THE KATIE MCCLOSKEY MEMORIAL SCHOLARSHIP PROGRAM** of the Community Foundation of St. Joseph County

By: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known student and in what context? \_\_\_\_\_

\_\_\_\_\_

The student has applied for a Katie McCloskey Memorial Scholarship. Selection will be based on factors such as extra curricular activities, community service, leadership, and personal and academic promise. Please comment on your personal knowledge of this student's achievements, character, and potential, and why you believe this student should be selected as a Katie McCloskey Scholar. **Please submit your typewritten letter with this cover page.**