Saint Anthony Maronite Church 2022-2023

1.	Last Name:	First Name:		
2.	Mailing Address:			
	Street:			
	City: S	ate:	Zip:	
3.	Daytime Telephone Number: ()			
	Email Address:			
4.	Date of Birth: Month Day	Year	Gender:	
5.	Cumulative Grade Point Average (GPA): (On a 4.0 scale)			
	Attach proof of GPA. Your most recent school transcript is required.			
6.	Name of High School attending:			
7.	 A. List any academic honors, awards and membership activities while in high school: (Use a separate sheet if necessary.) B. List your hobbies, outside interests, extracurricular activities, and school-related volunteer activities: (Use a separate sheet if necessary.) 			

	C. List your non-school sponsored volunteer activities in the community: (Use a separate sheet if necessary.)
	D. List your work activities: (Use a separate sheet if necessary.)
8.	College, University or Technical School to be attended:
0	Have you been accorted to post high echool study yet?
9.	Have you been accepted to post high school study yet? Where:
10.	Field of Study:

STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient that my picture may be taken and used to promote the Saint Anthony Maronite Church educational support activities. (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, according to Kassas Family Education Fund policy, it is my responsibility to remit to Saint Anthony Maronite Church the appropriate information for my scholarship to be paid directly to me for my Spring 2023 Semester

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Applicant Signature:

Date:

To be completed by Guidance Counselor:				
STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR				
I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to the Kassas Family Education Fund.				
Name of Guidance Counselor submitting the application:				
High School:				
Counselor Contact information (email and phone):				
Guidance Counselor Signature Counselor is to submit the completed application package to Kassas Fa Saint Anthony Maronite Church, Lawrence, MA 01841	Date amily Education Fund C/O			

Deadline to Submit: October 31, 2022

Please mail complete package to:

Kassas Family Education Fund C/O Saint Anthony Maronite Church 145 Amesbury Street Lawrence, MA 01841

For Business/Education Scholarship use only:

Checklist

____ Application and Statement of Accuracy

Essay

Minimum of 3 letters of recommendation

____ Guidance Counselor signature

School Transcript reflecting the last 2 semesters' study