NEW APPLICANTS

Father Joseph N. Patterson Foundation

P.O. Box 25407
Tempe, Arizona 85285

(480) 838-8777
Email: fatherpattersonfoundation@gmail.com

The Father Joseph N. Patterson Foundation was established by Father Joseph N. Patterson to assist deserving young men and women attain their educational goals. Scholarships are distributed once each year. A Foundation committee reviews applications and makes recommendations to the Board of Directors for approval. Interviews with applicants may be required.

SCHOLARSHIP CRITERIA:
1. Scholarship (Minimum grade point average: 2.8 on a 4.0 scale)
2. Evidence of Financial Need
3. Demonstration of Leadership and Community Service
4. High School and College (undergraduate) Student. (Scholarships not available for grade school or graduate students.)

APPLICATION PACKAGE: PLEASE READ CAREFULLY – YOUR APPLICATION MUST INCLUDE ALL OF THE FOLLOWING OR IT WILL BE CONSIDERED INCOMPLETE.

PLEASE USE THIS CHECKLIST TO MAKE SURE YOUR APPLICATION IS COMPLETE:

[ ] Completed “Scholarship Application Form” (attached). APPLICATION MUST BE SIGNED.
[ ] Personal cover letter from you (the student), telling us about yourself, your educational and career goals.
[ ] Make a separate List of extracurricular activities and honors (see Item VI for details).
[ ] One (1) letter of recommendation from your school principal, counselor, registrar, dean or major professor. MUST BE DATED WITHIN THE CURRENT YEAR.
[ ] Two (2) letters of recommendation from people who know you personally (other than a parent or peer). May be from a teacher or coach, an employer, supervisor or family friend. MUST BE DATED WITHIN THE CURRENT YEAR.
[ ] Certified school report card or transcript (which includes the Spring Semester) (high school, college, etc., as applicable). These must show a cumulative GPA. Because they are not always immediately available, they can be mailed in separately.

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MIDNIGHT, JUNE 7TH.

It is NOT necessary to send by certified mail; regular mail is sufficient.

MAIL COMPLETED APPLICATION PACKET TO:
Father Joseph N. Patterson Foundation
PO Box 25407
Tempe AZ 85285

Recipients are usually notified by July 15.
The scholarship funds must be sent DIRECTLY to the recipient’s school prior to the beginning of the applicable school year.
Non-recipients will also be notified.
# FATHER JOSEPH N. PATTERSON FOUNDATION
## SCHOLARSHIP APPLICATION FORM

## I. STUDENT'S PERSONAL INFORMATION (Please write legibly!)

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Today’s Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address: 

City & State: 

Zip: 

Phone: Home ( ) 

Cell ( ) 

Email address: 

Birth Date: 

Student Soc. Sec. No.: *

* Student must have a social security number to receive scholarship. If student is not a U.S. citizen, a work or student visa must be provided.

## FAMILY INFORMATION (Please write legibly!)

<table>
<thead>
<tr>
<th>Father’s Last Name</th>
<th>Father’s First Name</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address: 

(Only if different from applicant)

City & State: 

Zip: 

Phone: Home ( ) 

Cell ( ) 

Email address: 

<table>
<thead>
<tr>
<th>Mother’s Last Name</th>
<th>Mother’s First Name</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address: 

(Only if different from applicant)

City & State: 

Zip: 

Phone: Home ( ) 

Cell ( ) 

Email address: 

Separation Date (If applicable): 

Divorce Date (If applicable): 

## II. ACADEMIC INFORMATION

Name of School you plan to attend this fall: 

School’s mailing address: 

(City) (State) (Zip) 

Class you will be entering: [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior
Current High School Students ONLY:

High School Attending: ____________________________
Cumulative Grade Point Average: ____________________
Rank in class/class size: __________________________ ACT/SAT Score (College applicants): ____________________

Current College Students ONLY:

Previous/Current College Attended (Name): ____________________________
City/State: ____________________________
Dates Attended: ____________________________ Hours/Credits Completed: ____________________________
Cumulative Grade Point Average: ____________________________

III. FINANCIAL INFORMATION

INCOME:
Annual income of applicant: ____________________________ $________
Annual income of Father/Stepfather/Guardian: ____________________________ $________
Annual Income of Mother/Stepmother/Guardian: ____________________________ $________
Total Annual Income: ____________________________ $________

Number of people dependent on this income for their livelihood:
Ages of Dependents:

EXPENSES:
Annual Expenses: Applicant Parents/Step-parents/Guardians
Housing: $________ $________
Utilities: $________ $________
Food/Clothing: $________ $________
Insurance: $________ $________
Medical: $________ $________
Auto: $________ $________
Other: $________ $________
TOTAL $________ $________

PLEASE EXPLAIN SPECIAL CIRCUMSTANCES, IF APPLICABLE. (The Joseph N. Patterson Foundation Scholarship is based partly on financial need. Please provide whatever information you feel would assist the Foundation Committee in determining your true and accurate financial situation. Special circumstances would include a loss or reduction of employment, divorce, severe illness, death in the family, etc. (If additional space is needed, please attach a separate statement and write “see attached” in the space provided below.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
If applicant is dependent upon financial support, complete Columns 1 and 2 below.
If applicant is independent of parent financial support, complete Column 2 only.
(An applicant will be considered a dependent of their parents until the age of 25.
In the event of extenuating circumstances, please provide a separate statement.)

<table>
<thead>
<tr>
<th>ASSETS:</th>
<th>#1 Parent Assets</th>
<th>#2 Applicant Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand, in banks, S &amp; Ls, credit unions</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td>Stocks and bonds, etc.</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td>Retirement Accounts</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td>Value of real estate</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td>Value of autos</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td>Value of other possessions</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$__</td>
<td>$__</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES:</th>
<th>#1</th>
<th>#2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owed on Real Estate</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td>Owed on Auto</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td>Other (include credit cards, etc.)</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$__</td>
<td>$__</td>
</tr>
</tbody>
</table>

**PLEASE DO NOT SEND TAX RETURNS UNLESS REQUESTED.**

**IV. USE OF SCHOLARSHIP FUNDS**

- **Tuition**: $__
- **Books & Supplies**: $__
- **Board & Room**: $__
  - **TOTAL**: $__

**V. OTHER TYPES OF FINANCIAL ASSISTANCE YOU WILL RECEIVE (if known)**

- **Total Scholarships**: $__
- **Total Grants/Gifts**: $__
- **Total Loans**: $__
  - **TOTAL**: $__
VI. EXTRACURRICULAR ACTIVITIES AND HONORS

PLEASE ATTACH A SEPARATE LIST OF EXTRACURRICULAR ACTIVITIES you have pursued, including any of the following (as examples):

- Work experiences, social service, church, volunteer or community activities
- Student government or other leadership positions held
- Clubs, athletics, music, art, speech, dramatics, publications, literary groups

Define the extent of your role and describe your responsibilities for each group or activity and include the dates you were involved. Also, list and describe any honors or awards received to date. (Please do not include copies of awards; just list them.)

VII. APPLICANT'S CERTIFICATION

All the information provided is complete and accurate to the best of my knowledge. I further certify that I will be enrolled as a student hereinabove for the upcoming academic year. Should I receive the Foundation Award, I will use it toward expenses related to my high school or college attendance, as applicable. I also understand that I must notify the Foundation of any changes in my enrollment status. Change in status may result in the cancellation of any awards provided.

I also acknowledge that it is my responsibility to submit a complete application to the Foundation and comply with all deadlines.

In addition, I understand that should I receive the award, there is no guarantee of renewal. I must reapply and be re-evaluated for an award each year. I hereby certify that I have read the application information and instructions and that I understand and accept all specified conditions.

I understand that the scholarships are awarded at the discretion of the Foundation Committee and I give the Committee permission to contact my school(s) for verification of the information herein provided. Falsification of information may result in termination of any scholarship granted. Failure to sign the certificate may result in ineligibility. All application materials shall become the property of the Foundation.

________________________________________  ______________________
Signature of Applicant                          Date

________________________________________  ______________________
Signature of Parent or Guardian                 Date
Of Dependent Applicant

Please refer to the checklist on the application’s cover sheet to make sure that you have all the information required for a complete application.