

## 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 7<sup>TH</sup>.**

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!)*

Student's Last Name	Student's First Name	Today's Date
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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!)*

Father's Last Name	Father's First Name	Occupation
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Street Address: \_\_\_\_\_

(Only if different from applicant)

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Mother's Last Name	Mother's First Name	Occupation
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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.)

ASSETS:	#1 Parent Assets	#2 Applicant Assets
Cash on Hand, in banks, S & Ls, credit unions	\$ _____	\$ _____
Stocks and bonds, etc.	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____
Value of real estate	\$ _____	\$ _____
Value of autos	\$ _____	\$ _____
Value of other possessions	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
 LIABILITIES:		
Owed on Real Estate	\$ _____	\$ _____
Owed on Auto	\$ _____	\$ _____
Other (include credit cards, etc.)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

**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  
Of Dependent Applicant

\_\_\_\_\_  
Date

*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.*