

**Sylvester and Tessie
Kaminski Foundation
South Bend, Indiana
High School Scholarship Application
For School Year 2024-2025**

Applicant Eligibility Requirements

Planning to attend Marian or St. Joseph's High School located in St. Joseph County, IN.

Must be a citizen of the United States or have proof of pending naturalization.

Must be a non-married resident of St. Joseph County, IN who is not financially or legally responsible for any dependents.

Be of Polish ancestry.

Practicing member of the Catholic Church.

Demonstrated need for financial assistance to attend High School.

Good academic standing.

General Information and Check List

Must apply for and be eligible for FACTS Management Grant in aid through the high school financial office.

The financial aid information gathered from this system will be shared by your respective school with the Foundation once you have applied with us.

Student is applying for a one-year scholarship based on **academic merit** and **on need** (award amounts vary). A renewal is possible, but not assured.

Please complete an application for each student seeking a scholarship.

Application packets should include the following items (incomplete packets will not be considered):

1. Official transcript for fall semester of 2023-24.
2. Record of attendance for Fall Semester 2023-24.
3. FACTs information for applicant.

Student should **present completed application to Cristina Ruvalcaba or Peter Horvath in the Marian Business Office Financial Aid Officer for signature** and inclusion of transcript, review and mailing. Please note that the signature of a Counselor or Financial Aid Officer is required on the application. **Do not use staples. The school must mail this application.**

Counselor or Financial Aid Officer should use the above checklist to make certain that all data has been completed (including all three signatures) and sent. **DEADLINE: Must be delivered to the counselor or Financial Aid Officer no later than April 25, 2024.** No exceptions. **ONLY COMPLETE AND ON TIME APPLICATIONS WILL BE CONSIDERED!**

Please send original application if possible and for your own records, make a photocopy of your application before submitting it.

Name of Applicant _____
 Last First Middle

Applicant's Home Address _____
 Street (NO PO Boxes) City State Zip

Telephone#	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Email:			
Birthplace (city/state)	Catholic Parish of Record		
Date of Birth	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Social Security # (MUST HAVE TO COMPLETE PROCESSING)			

Parental/Guardian Information

Parents (check if living) <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	Are living parents (check all that apply) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried – Father <input type="checkbox"/> Remarried – Mother <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Separated
Father or Male Guardian	Mother or Female Guardian (Maiden Name)
Name Age	Name Age
Home Address	Home Address
Name and address of employer	Name and address of employer
Nature of business	Nature of business
Occupation (be specific) Years with firm _____	Occupation (be specific) Years with firm _____
Total Gross Income for 2023 (as reported on tax form)\$ _____	Total Gross Income for 2023 (as reported on tax form)\$ _____

Makeup of Household

List all children, Applicant's name first	Age	Living with Family?	Name of present school, college or occupation	Year in school
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		

Are you or any member of your family a member of any of the following organizations?

(Circle all that apply and explain below)
 Chopin Fine Arts Daughters of Isabella M.R. Falcons Z.B. Falcons Knights of Columbus

Family (Please fill in **all boxes** completely with **names**)

Paternal Grandfather	Maternal Grandfather
Paternal Grandmother (Maiden Name)	Maternal Grandmother (Maiden Name)

To which Catholic High School have you applied for admission or are you attending? (Check one)
 Marian St. Joseph

What is the High School's annual tuition fee? \$ _____

Name of school now attending. _____

Are there any unusual circumstances or issues of concern that you wish the Foundation to consider when reviewing your application? Yes No If Yes, Please list them on the back of this form.

Review the Instructions on the first page to insure that your Application Package is complete. ALL questions must be answered in FULL. **Incomplete applications will not be considered.**
 Give your counselor/teacher ample time to complete their portion and still meet the deadline.

DEADLINE: Must be delivered to the counselor or Financial Aid Officer no later than April 25, 2024. No Exceptions.

The Foundation annually publishes the names, city of residence and high schools attending of those students who receive our scholarships. Should you receive a scholarship from us, do we have your permission to release this information to the media or post on social media (Facebook)? Yes No

All information is strictly confidential

Please direct any questions to: Mark A. Klota, Scholarship Chair
 sylvestertessiekaminski@gmail.com

or

Sylvester and Tessie Kaminski Foundation
Attn: Mark A. Klota, Scholarship Chair
Post Office Box 4339
South Bend, IN 46634-4339

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 Signature of Applicant

 Date

 Signature of Counselor or Financial Aid Officer

 Date

 Signature of Parent or Guardian

 Date