

# **ARCHBISHOP KARL J. ALTER SCHOLARSHIP INSTRUCTIONS**

## **INTENT OF FUND**

The Archbishop Alter Scholarship Fund was established in 1964 to promote African American Catholic leadership. Its purpose is to assist graduating senior high school students in the Archdiocese of Cincinnati who are African American and Catholic to attend a college or university. A scholarship recipient may choose to attend a parochial, private or public institution. The Archbishop Alter Scholarship is a four-year renewable grant (paid twice a year.) Scholarship candidates are urged to attend a four-year college/university. Scholarship candidates who choose to attend a two-year college or university will be considered. A scholarship candidate must maintain at least a 2.0 grade point average in order to renew the scholarship.

## **Application**

Candidates are required to complete and submit the following documents:

- 1. Application Form**
- 2. High School Transcript**
- 3. Letter of Recommendation from your parish priest, pastoral administrator or pastoral staff member.**
- 4. Letter of recommendation from your high school principal or guidance counselor that speaks of your high school performance and your potential in the college setting.**
- 5. List of copies of any other awards you will be receiving. This should also be submitted by the counselor or principal.**
- 6. A copy of your parents or guardians most recent W-2 Form (s).**
- 7. An autobiographical statement [a maximum of 150 words] expressing your background and career goal (s).**
- 8. A recent photograph.**

## **Submission**

All seven items listed above should be sent to:

**Archbishop Alter Scholarship Fund**  
**Office of African American Pastoral Ministries**  
Archdiocese of Cincinnati  
Attention: Rev. Mr. Royce Winters, Director  
100 East Eighth Street  
Cincinnati, Ohio 45202-2193

**DEADLINE:      **APRIL 20, 2021 – POSTMARKED - FAXED 513-421-1582 or E-Mailed - [rwinters@catholicaoc.org](mailto:rwinters@catholicaoc.org)****

***INCOMPLETE APPLICATIONS AND/OR APPLICATIONS RECEIVED AFTER  
THE DEADLINE WILL NOT BE CONSIDERED.***

# 2021 - ARCHBISHOP KARL J. ALTER SCHOLARSHIP INSTRUCTIONS

## CRITERIA: [WEIGHTED]

- **Economic Need**
- **Academic Potential**
- **Leadership Potential**
- **Parish Involvement**
- **Community Involvement**
- **Career Goals**
- **Motivation**

The amount of funds available under this grant is not enough to fully finance a student's annual educational expense. The intent of the grant is to help the student defray the cost of a higher education.

## **ARCHBISHOP ALTER SCHOLARSHIP FUND STUDENT APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cellular Phone \_\_\_\_\_ E-mail \_\_\_\_\_

High School Attended \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Current Grade Point Average \_\_\_\_\_ Class Rank \_\_\_\_\_

High School Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Composite ACT Score \_\_\_\_\_ Total SAT Score \_\_\_\_\_

# 2021 - ARCHBISHOP KARL J. ALTER SCHOLARSHIP INSTRUCTIONS

College/University Where You Have Applied For Admission **Accepted**

_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____

What College Do You Plan To Attend?

Name \_\_\_\_\_

Address \_\_\_\_\_

Intended Major \_\_\_\_\_

## PARISH MEMBERSHIP

Name of Parish \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Pastor \_\_\_\_\_

Parish Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PARENT/GUARDIAN

[Please list both parents]

Name/s \_\_\_\_\_

Address (if different) \_\_\_\_\_

\_\_\_\_\_

# 2021 - ARCHBISHOP KARL J. ALTER SCHOLARSHIP INSTRUCTIONS

Place of employment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Siblings Attending Parochial or Private School \_\_\_\_\_

Name \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ School Attending \_\_\_\_\_

Number of Siblings Attending College or University \_\_\_\_\_

Name \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ School Attending \_\_\_\_\_

# 2021 - ARCHBISHOP KARL J. ALTER SCHOLARSHIP INSTRUCTIONS

**STUDENT AUTOBIOGRAPHICAL STATEMENT**  
(Maximum of 150 Words)

# 2021 - ARCHBISHOP KARL J. ALTER SCHOLARSHIP INSTRUCTIONS

## PARENTAL FORM SCHOLARSHIP ADDENDUM

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone Number \_\_\_\_\_ Cellular Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

**Total Annual Income** \_\_\_\_\_

(Please send a copy of your W-2 form/s)

**Are there any special circumstances (i.e., economic hardship, family issue) that would increase your child's eligibility for this grant?**