

PALM BEACH DIOCESAN COUNCIL OF CATHOLIC WOMEN

an affiliate of the National Council of Catholic Women 55 Dorchester Circle, Palm Beach Gardens, FL 33418 pbdccw.org - <u>pbdccw@gmail.com</u> <u>pbdccwscholarship@gmail.com</u>

The Lord is My Shepherd; There is Nothing I Lack

January 2025

Dear Parents, Grandparents and/or Guardians:

The Palm Beach Diocesan Council of Catholic Women (PBDCCW) is again pleased to offer the Fr. Clem Hammerschmitt One Thousand Dollar (\$1,000.00) Catholic High School Scholarship Award for the academic year 2025-2026. PBDCCW has been offering scholarships to outstanding young Catholic women for over fifteen years. Three scholarships are awarded each year to one young lady from each of the three Deaneries within the Diocese of Palm Beach who is planning to attend one of the Palm Beach Diocese three Catholic High Schools in the Fall of 2025 as an *incoming freshman*. The Scholarship Awards will be presented to each recipient at the PBDCCW Annual Meeting in May 2025.

The application to apply for this Scholarship is attached to this letter. Please note the Criteria Checklist on the first page. **All fully completed applications must be received no later than April 1, 2025**, so that the Scholarship Committee can review and choose a recipient from each Deanery. Incomplete applications will not be considered. It is difficult to keep track of each applicant's information if parts are submitted separately.

The completed application can be mailed to Myrna Wong, 1480 SE Colchester Circle, Port St. Lucie, Florida 34952, or emailed to physical-com. If emailing your completed application, please include the applicant's full name and the word "Scholarship" in the subject line.

It is never too early to start putting together all the information needed!

Thank you! Sincerely,

Myrna Wong PBDCCW Scholarship Chairperson

Attachments

APPLICATION FORM

First	Middle La	nst
DDRESS		
Street	City	Zip Code
MAIL ADDRESS		_
ELEPHONE	PARISH	

CRITERIA CHECKLIST/ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED

- Applicant/family must be a registered and active member(s) of a Catholic Parish in the Diocese of Palm Beach. Candidate must be entering her freshman year of High School.
- Applicant must include acceptance letter/confirmation from the Palm Beach Diocesan Catholic High School she will be attending in the fall of 2025.
- · A copy of the registration of enrollment will be required when available.
- Applicant must document how she exemplifies leadership qualities in school and parish activities. (see pg. 2- Applicant Profile)
- Applicant must include an essay (approx. 200 words) outlining her values and goals as a Catholic student and how they have influenced her to continue in a Catholic High School
- Applicant must include three independent recommendations, using the form titled RECOMMENDATIONS on pg. 4, 5 & 6 of the application. The three independent recommendations shall consist of one from each of the following three categories:
 - 1. School Principal, Guidance Counselor, or Teacher
 - 2. Parish Priest or Religious Education Director
 - 3. Friend or Community Leader

A letter may accompany the independent recommendation, but completion of the form RECOMMENDATIONS is required. <u>No more than 3 will be considered</u>.

APPLICANT PROFILE (Please Print.)

Applicant's Name		<u>I</u>	Date of Birth
First	Middle	Last	
Parent's/Guardian Name			
Address			
		City	Zip Code
Telephone			
Elementary/Jr. High schools attended	ded		
List complete details of following in responsibilities. If you require additional space, ple Hobbies:(Sports, Music, Art, Dran	ease use reverse side of this	paper.	nvolvement,
Parish Involvement (youth groups,	ministries, volunteer)		
School Activities and Awards (stud	ent government, clubs, and	d class officer).	
Is there a course of study in which	you are interested?		
_			
How did you find out about this scl Council of Catholic Women.	holarship? - Through your	Parish, School Guidance O	ffice, or a member of the

ESSAY FORM (Please print legibly)

APPLICANT'S NAME		
PLEASE PRINT IN 200 WORDS OR LESS YOUR VALUES AND GOALS AS A CATHOLIC STUDENT AND HOW THEY HAVE INFLUENCED YOUR CHOICE OF SCHOOL. (You may attach a typed copy.)		

RECOMMENDATIONS

Recommendation for:	
Applicant's Name Parish/School	
This Applicant has applied for the Palm Beach Diocesan Your evaluation and comments will help facilitate the sel	Council of Catholic Women Scholarship Award.
Please evaluate the applicant as follows, using a point scal	le of 1-10, with 10 being the highest score.
MATURITY	INTEGRITY
ATTITUDE	LEADERSHIP
ACADEMIC MOTIVATION	OVERALL ASSESSMENT
Summary comments describing this applicant.	
Please state how long you have known this applicant and	why she is worthy of this scholarship.
Please print your name	Relationship to applicant
Signature	Telephone number

SUBMIT RECOMMENDATIONS TO STUDENT/FAMILY FOR INCLUSION IN APPLICANT'S PACKET

RECOMMENDATIONS

Recommendation	ı for: e	
Parish/School		
	ied for the Palm Beach Dioce nments will help facilitate th	esan Council of Catholic Women Scholarship Award. ne selection process.
Please evaluate the appli	icant as follows, using a poin	t scale of 1-10, with 10 being the highest score.
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	ACADEMIC MOTIVATION	OVERALL ASSESSMENT
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Place print your name		Relationship to applicant
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CERTIFICATION AND SIGNATURE

All the information on this application is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this application. Falsification of information may result in termination of any scholarship granted. Applicant agrees to an interview by the Scholarship committee if necessary.

APPLICANT'S SIGNATURE	DATE
PARENT'S/GUARDIAN SIGNATURE	DATE
Relate any additional information or unusual cir selection process. PLEASE PRINT LEGIBLY	rcumstances you feel the Selection Committee should consider in the
g.	

CERTIFICATE OF ELIGIBILITY

This is to certify that
and/or her family is/are a registered and active member(s) of this parish.
Reverend
Pastor
Church of
Phone
Date

FULLY <u>COMPLETED</u>
<u>APPLICATIONS</u>
MUST BE RECEIVED
NO LATER THAN

APRIL 1, 2025

MAIL <u>COMPLETED APPLICATIONS</u> TO:

MYRNA WONG

PBDCCW HS Scholarship Chairman 1480 SE Colchester Circle Port St. Lucie, Florida 34952 Or EMAIL

pbdccwscholarship@gmail.com

Please indicate Scholarship and Applicant's Full Name in the Subject Line