

DR. THOMAS A. DOOLEY SCHOLARSHIP AWARD IN HONOR OF RICHARD H. STANISZ 2023-2024 INSTRUCTIONS

Dear Applicant:

Dr. Thomas A. Dooley Council is happy to offer up to four (4) **\$1,500** scholarships for the 2023-2024 academic year in honor of Richard H. Stanisz.

Richard was a long term member that shared his kindness with many families at St. Collette and dedicated many volunteer hours to insure the success of the Knights, because he believed in the foundation of Charity, Unity, Fraternity and Patriotism.

This Scholarship Award is payable to a college or vocational school that the selected student(s) plan to attend.

In order for the scholarship application to be processed properly, please take the time to review the requirements listed in the instructions and complete the information in the attached Scholarship Application.

Please complete the application in full. You may attach up to three (3) letters of recommendation from people other than relatives. You must submit a copy of your high school transcript. <u>Mail the application and transcript to the address below on or before but "No Later Than" May 13, 2023</u>.

St. Colette Catholic Church 17600 Newburgh Road Livonia, MI 48152 ATTN: Knights of Columbus – Scholarship Submission

Scholarships winners will be announced by August 10, 2023. If you have any questions, do not hesitate to contact:

Bob Reineck at 248-349-7464 or Tom Jackett at 313-300-3441

Sincerely,

Grand Knight – Tom Jackett

Attach: Scholarship Application





SCHOLARSHIP OBJECTIVES:

- 1. To recognize graduating high school students, college and vocational students who demonstrate the ability and character necessary to obtain a college or technical/vocational education.
- 2. To encourage individual improvement and dedication to our community.

ELIGIBILITY RULES:

- 1. Must be a child or grandchild of a living or deceased member in good standing of the Dr. Thomas A. Dooley Knights of Columbus.
- 2. Dr. Thomas A. Dooley Knight needs to be a member for at least (1) one year.
- 3. Applicant for the scholarship must be in the final year of high school and meeting graduation requirements.
- 4. Scholarship must be used for the academic year for which it is rewarded.
- 5. If a recipient drops out of college or vocational for any reason, the expectation will be that the remaining scholarship monies award monies will be returned to the Richard H. Stanisz Scholarship Fund.
- 6. Recipient must have a minimum grade point average of 2.5 (cumulative of entire high school tenure) at the time of application.
- 7. Recipient will demonstrate hard work, and dedication to improvement of themselves.

AWARDING OF SCHOLARSHIP:

The scholarship program will offer up to four (4) \$1,500.00 scholarship recipient for the academic year applied for.

REVENUE SOURCE:

The scholarship program will be funded by Dr. Thomas A. Dooley Knights of Columbus Council.

METHOD OF PAYMENT:

The scholarship payment will be made payable to the accredited college or vocational school that the recipient of the award will attend prior to the start of the fall semester. *The student will utilize* **\$750.00** for the 1st semester and **\$750.00** for the 2nd semester of their freshman year. If, for whatever circumstances, the student does not return for their 2nd semester of their freshman year, the expectation will be that the remaining scholarship award monies will be returned to the Richard H. Stanisz Scholarship Fund.

COLLEGES/UNIVERSITIES AND VOCATIONAL SCHOOLS:

The scholarship award must be used at an accredited vocational institution, college or university. Accredited schools will be determined by one of the six regional accrediting associations.











2023-2024 DR. THOMAS A. DOOLEY SCHOLARSHIP AWARD APPLICATION

| List | All High Schools Atte | ended: | | |
|--------------------------------------|-----------------------|--------|---------------|--|
| Telephone Number | E-Mail | Gender | Date of Birth | |
| Address (Number & Street) | City | Sta | te Zip | |
| Student's Name (Last, First, Middle) | Da | ate | | |

| School Name | Address | From | То |
|-------------|---------|------|----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | • |

Expected Date of High School Graduation:

College, University or Vocational School You Plan to Attend

| 1st Choice | |
|------------|--|
| 2nd Choice | |
| 3rd Choice | |
| 4th Choice | |

Desired Course of Study:

| If You Have Taken SAT or ACT Tests, Please List | | | | |
|---|---------|--|--------|--|
| Date: | Place: | | | |
| Date: | Place: | | | |
| Parent Information | | | | |
| Name of Parent | | | | |
| Address (Number & Street | :) City | State | Zip | |
| Telephone Number | E-Mail | | | |
| Address (Number & Street | i) City | State | Zip | |
| Council # 5492 Use Only | | We certify that all the statements contained in this application are true and correct. | | |
| Scholarship Chairman Signature/Date | | Student's Signatur | e/Date | |
| Grand Knight Signature | /Date | Parent's Signature | /Date | |



Dr. Thomas A. Dooley Council # 5492 Livonia, Michigan



To Be Completed By High School Principal, Counselor or Teachers

| Class standing at end of 1 st Semes | ter Senior Year: |
|--|------------------|
| 0 | |

Grade Point Average (GPA) _____ based on 🗆 4 or 🗖 5 point scale

ACT/SAT Score:_____

Comments concerning student:

Principal, Counselor or Teachers Name (Print)

Principal, Counselor or Teachers Signature





To Be Completed By Applicant (use additional sheet if you wish)

Extra-Curricular Activities Participated In High School:

Honors, Awards and Recognitions in High School:

Community and Church Activities in Which You Participate:

Employment During School Years (Hours per week for the last 3 years):

Name of and Relationship to Member of Dr. Thomas A. Dooley Council: