Daughters of Isabella Scholarship

St. Joseph Circle #650
North Canaan, Connecticut

Qualifications:

1. First consideration will be given to a practicing Catholic having received their Confirmation sacrament and who is related to a current member of one of the current membership of St. Joseph Church Circle #650, Daughters of Isabella.
2. Applicants must be planning to attend an accredited college or approved secondary school.
3. This award is based on scholastic achievement, good citizenship as evidenced by participation in school, church, and community activities, leadership potential, and on financial need not necessarily in that order.
4. Three letters of recommendation are required from the following:
    a. from the applicant, explaining his or her future plans and extracurricular activities (school, church, community).
    b. from a faculty member of the school now attending.
    c. from a person of good standing in the parish community.

Funds Available:

1. The scholarship award(s) is up to $1000, based on funds available, and will be made available at the beginning of the second semester of the school year after successful completion of the first semester is verified.

How to Apply:

1. Application forms may be obtained in the Parish Office of St. Martin of Tours in North Canaan, CT.
2. Application is to be prepared completely and returned to: Daughters of Isabella, St. Joseph Circle #650, Attn: Scholarship Committee, Box 897, Canaan, CT 06018.
3. The Guidance Office of the school now attending is to fill out page 3 of the application.

Deadline: May 15, 2025

For further information contact the Regent of the Daughters of Isabella, Circle #650, Christina Allyn, 860-318-5803 (call or text).

SCHOLARSHIP APPLICATION

Daughters of Isabella, Circle #650, N. Canaan, CT

*Please Note: Consideration will be given to students from any of the parishes of our present members of St. Joseph Circle #650 Daughters of Isabella.

_____

First Middle Last Name Phone #

_____

Father's Name Occupation

_____

Mother's Name Occupation

_____

School Currently Attending School Attending Next Year

_____

Current Year in School

_____

Career Objective Course of Study

Cost of Room and Board $_____
Cost of Tuition $_____
Cost of Books and Fees $_____
Total Cost $_____

Funds Available (List Sources): _____

_____ _____

_____ _____

Scholarships Received Last Year (Source & Amount) if applicable:

_____, _____,

_____,_____ use reverse side if necessary.

I hereby certify that I am a practicing Catholic and a member of _____Parish, pursuing higher education and that I know of no consideration which would bar me from participation in the Daughters of Isabella Circle #650 Scholarship Fund, and that it is my purpose to attend the institution indicated on this application and to maintain to the best of my ability satisfactory standards of scholarship as long as I am a student. I understand that any scholarship, which I may receive, must be paid to the school of my choice by me as payment toward my tuition and/or other school costs.

Have you received the Sacrament of Confirmation?

Yes:_____ No:_____

_____

Signature of Applicant

To be completed by high school Guidance Office:

Name of applicant:_____

Name of high school:_____

Scholarship Average:_____

Rank Number:_____ **out of :**_____

SAT-M _____

SAT-V_____

Approved by School Official:

Name (please print):_____

(signature):_____

Title:_____

General Information

Please indicate the amount of tuition, room and board parents will be able to pay for the applicant:_____.

Please list all additional dependents who are currently in school or college:

Name:	Age:	School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____

Parent/Guardian Signature Date

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Application Checklist:

_____ A personal letter explaining career objectives and extracurricular activities.
_____ A letter of recommendation from your pastor or a member in good standing in the parish community.
_____A letter of recommendation from a faculty member of the school now attending.
(You may also include any information you feel might be helpful to the scholarship committee)

_____ High School student applicants are requested to have pg. 3 filled in by the proper school official.

*College student applicants are requested to send a copy of their latest transcript.
Please return a complete application packet by **May 15th, 2025**.
Recipient(s) will be notified by June 10, 2025..

Please return to: Daughters of Isabella #650, Attn: Scholarship Committee, PO Box 897, Canaan, CT 06018