



ACADEMY OF  
HOLY ★ ANGELS

## Scholarship Application for 2012-2013 Academic Year For Returning Students

To be considered for a scholarship at the Academy of Holy Angels, an applicant must complete all of the following items:

- ★ Complete the scholarship application below with appropriate signatures.
- ★ Complete a TADS Financial Assessment Form by **February 15, 2012**.
- ★ Be registered for classes at AHA for the 2012-13 school year by **April 1, 2012**.
- ★ Have a current Teacher Recommendation completed and on file by **March 1, 2012**.

The completed scholarship application should be sent to:

Meg Angevine  
Scholarship Coordinator  
Academy of Holy Angels  
6600 Nicollet Avenue South  
Minneapolis, MN 55423  
(612) 798-0764

[mangevine@academyofholyanhels.org](mailto:mangevine@academyofholyanhels.org)

**Scholarship Application Deadline: March 1, 2012**

Name: \_\_\_\_\_ Grade in 2012-13: \_\_\_\_\_

What middle school or elementary school did you attend? \_\_\_\_\_

Name of Parish (optional): \_\_\_\_\_

★ Please provide a brief answer to each of the following questions ★

If you need additional space for any response, please attach a sheet to this application.

1. What sports, activities and/or clubs have you participated in while attending AHA?

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2. What additional sports, activities and/or clubs do you plan on participating in that you did not include in the above list?

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3. Describe any volunteer or service work you have performed here at the Academy of Holy Angels.

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4. Describe any volunteer or service work you have been involved in outside of Holy Angels?

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5. List any academic achievements/honors you have received while at Holy Angels.

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6. Other (optional): Is there other information you would like to share about yourself?

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**Carol Fitzgerald Endowment Scholarship (CFES)**

Note: If nominated for a CFES, I give my authorization to have this form, any letters of recommendation and my transcript to be provided to the CFES Committee, which includes members outside of AHA staff.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Official Use Only:**

**GPA:**

**SSG Hours Completed:**

