



## **The Paul and Theresa Cronan Scholarship, 2019-2020**

*This scholarship applies for **one year only**.*

*Re-application is necessary for consideration in subsequent years.*

This scholarship is based on the following criteria in order of priority:

- PRACTICING ROMAN CATHOLIC WITH A RECORD OF ACTIVE PEER INVOLVEMENT IN ST. THOMAS AQUINAS CATHOLIC CAMPUS MINISTRY.
- FULL-TIME UNDERGRADUATE STUDENT CURRENTLY ENROLLED AT THE UNIVERSITY OF ARKANSAS, FAYETTEVILLE, IN GOOD ACADEMIC STANDING.

*If multiple applicants fulfill the above criteria, then financial need will be considered.*

The following items are **REQUIRED**:

- Completed and signed application form.
- Transcript showing cumulative grade point average (unofficial copy accepted).
- One **academic** reference, sealed (e.g., a current or former professor, academic advisor: not a student, peer, or family member).
- One **character** reference, sealed (e.g., current or former supervisor, hometown parish pastor, youth director, leader: not a student, peer, or family member).

*St. Thomas priests, ministers, and staff members may **NOT** serve as references.*

Please complete your application and return to the address below by

**March 15, 2019**

**Late and incomplete applications will not be considered.**

You may attach additional sheets if necessary.

**St. Thomas Aquinas University Parish  
603 N. Leverett Ave.  
Fayetteville, AR 72701  
Email: [ccm@uark.edu](mailto:ccm@uark.edu)**

**ATTN: Cronan Scholarship Committee**

**[www.catholichogs.com](http://www.catholichogs.com)**



# The Paul and Theresa Cronan Scholarship 2019-2020 Application Form

This scholarship is awarded during the fall semester for the academic year. The application is due **March 15, 2019**. Please type your responses and attach additional required material. Only signed, completed applications turned in on time will be considered.

Name: \_\_\_\_\_ Class Status in Fall 2019: FR SOPH JR SR

UARK email: \_\_\_\_\_ Cell: \_\_\_\_\_

Major: \_\_\_\_\_ College: \_\_\_\_\_

Cumulative UA Grade Point Average: \_\_\_\_\_ (Please attach a transcript)

Local Address: \_\_\_\_\_  
Street, apt # City State Zip

Permanent Address: \_\_\_\_\_  
Street, apt # City State Zip

Home Parish: \_\_\_\_\_  
City State

High School: \_\_\_\_\_  
City State

List your current classes and estimated grade.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Answer the following questions on a separate sheet of paper using not more than 2-3 paragraphs per answer. Attach these along with completed sealed reference forms and transcript copy.

- A. What are your immediate goals and long-term objectives as you look to the future?
- B. Please describe your involvement in campus ministry and any extracurricular activities.
- C. Please describe your employment situation while in school (location, hours/week).
- D. Please describe your financial need.
- E. Why do you think you would be a good candidate for this scholarship?
- F. Have you received other scholarships or grants in the past? Are you currently receiving scholarships or financial aid to attend the university? Are you scheduled to receive any scholarships during the 2019-20 academic year? Please list name and amount for each.

**Application Deadline: March 15, 2019. Return completed and signed application form, transcripts, and sealed references to the St. Thomas offices.**

**PLEASE NOTE THE FOLLOWING ADVICE FROM THE SCHOLARSHIP SELECTION COMMITTEE MEMBERS:**

A committee will be reviewing your completed application. How you represent yourself on paper is very important. Committee members might not know you personally and will rely mainly on your written work to represent you during the selection process.

Be sure your responses directly address the questions asked. Take time to review your responses for content, style, and correct grammar. (This advice applies to *any* scholarship you are applying for, not only this one.)

Thank you for completing the application process!

**If you have any questions, please email/call Juliane Pierini (jpierini@uark.edu/479-444-0223).**

Mailing Address:

St. Thomas Aquinas University Parish  
603 N. Leverett Ave.  
Fayetteville, AR 72701

<b>I certify that all statements in this application and related materials are true.</b>	
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<b>Applicant's Signature</b>	<b>Date</b>



**The Paul and Theresa Cronan Scholarship  
Academic Reference Form  
Return By: March 15, 2019**

Send to: 603 N. Leverett Ave., Fayetteville, AR 72701  
Attn: Cronan Scholarship committee

**Part 1:** To be completed by the **APPLICANT**.

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

What is/was your affiliation with the reference named below? Briefly describe.

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**Part 2:** To be completed by the **REFERENCE**.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The applicant named above has listed you as **an academic reference** for the Paul and Theresa Cronan scholarship.

How long have you known this person? \_\_\_\_\_

In what capacity have you known this person? (Briefly describe) \_\_\_\_\_

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**Please circle the numbers below which best describe the applicant.**

<b>Responsible.....</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Self-Motivated.....</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Reliable.....</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Self-Disciplined.....</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Serves Others.....</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Communicates Well...</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Capable.....</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

Best Describes.....Least Describes

**Comments:** Please provide comments to describe this individual's character/habits and add any additional information which you feel is important. Please attach a sheet as necessary. **SEAL THIS FORM IN AN ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL.** Thank you!

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



The Paul and Theresa Cronan Scholarship  
Character Reference Form  
Return By: March 15, 2019

Send to: 603 N. Leverett Ave., Fayetteville, AR 72701  
Attn: Cronan Scholarship committee

Part 1: To be completed by the APPLICANT.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is/was your affiliation with the reference named below? Briefly describe.

\_\_\_\_\_  
\_\_\_\_\_

Part 2: To be completed by the REFERENCE.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

The applicant named above has listed you as a character reference for the Paul and Theresa Cronan scholarship.

How long have you known this person? \_\_\_\_\_

In what capacity have you known this person? (Briefly describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please circle the numbers below which best describe the applicant.

Responsible.....	5	4	3	2	1
Self-Motivated.....	5	4	3	2	1
Reliable.....	5	4	3	2	1
Self-Disciplined.....	5	4	3	2	1
Serves Others.....	5	4	3	2	1
Communicates Well...	5	4	3	2	1
Capable.....	5	4	3	2	1

Best Describes.....Least Describes

**Comments:** Please provide comments to describe this individual's character/habits and add any additional information which you feel is important. Please attach a sheet as necessary. SEAL THIS FORM IN AN ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL. Thank you!

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_