

St. Sebastian Parish FOUNDATION SINCE 1971

476 MULL AVENUE * AKRON, OHIO 44320-1299 * stsebastian.org/foundation

The Chesterton Academy of Akron Wonder Scholarship for 2026-2027

Scholarship Award Application for The Chesterton Academy of Akron

Student's Name (please print in ink)		Grade in the fall of 2026	
Address		City/State/Zip	
Parent/Guardian Name		Parent/Guardian Home Phone	
Parent/Guardian Email Address		Parent/Guardian Cell Phone	
☐ I understand that this scholarsh Akron.	ip is to help cover a	a portion of freshman year tuition at The Chesterton Academy of	
☐ I understand that this scholarshi financial need may be taken into co	•	hioners and/or graduates of St. Sebastian Parish School and that not a requirement.	
☐ I am indicating The Chesterton A	Academy of Akron a	as my first choice of high schools.	
☐ I understand that this scholarsh freshman year, upon verification of	•	ctly to The Chesterton Academy of Akron the summer before my	
☐ Attached is my one-page essay (community and why a Catholic edu	•	on this topic: How I have been involved in my parish and for me and my family.	
☐ I give permission for the school	to provide a copy o	of my student's grades from the current school year.	
☐ I understand that late or incomp	olete applications w	vill not be considered.	
☐ I understand the deadline for th	e application and e	essay is <mark>January 23, 2026</mark> .	
		s true, correct, and complete to the best of our knowledge and clude all parties responsible for paying tuition for this student.	
Student's Signature	Date		
Parent/Guardian Signature	Date	Parent/Guardian Signature Date	

Please drop off the application and essay to the school office or mail to: St. Sebastian Parish Foundation, Attn: Chesterton Scholarship, 476 Mull Ave., Akron, OH 44320

If applying for more than one scholarship, <u>please use a separate envelope for each application</u>, labeled clearly with the scholarship name.