

St. Sebastian Parish FOUNDATION SINCE 1971

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

The Doucet Family Scholarship for 2026-2027

Scholarship Application for Archbishop Hoban High School

Student's Name (please print in ink)		Grade in the fall of 2026
Address		
City/State/Zip		Parent/Guardian Home Phone
Parent/Guardian Email Address		Parent/Guardian Cell Phone
☐ I understand that this schola High School.	rship is to help cover a	a portion of my freshman year tuition costs at Archbishop Hoban
☐ I understand that this schola	rship is limited to pari	shioners and graduates of St. Sebastian Parish School.
☐ I am indicating Archbishop H	loban High School as n	ny choice of high school.
☐ I understand that this schola freshman year, upon verification		ctly to Archbishop Hoban High School the summer before my
	ow I have been involve	ds or less: ed in my parish and community and on is a priority for my family and me.
☐ I give permission to the scho	ol to provide a copy o	f my student's grades from the current school year.
☐ I understand that late or inco	omplete applications v	vill not be considered.
☐ I understand the deadline fo	r the 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 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: Doucet 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.