

## St. Sebastian Parish FOUNDATION SINCE 1971

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

## GOAL (Graves O'Neill Academic Leaders) Scholarship for 2025-2026

Scholarship Award Application for St. Sebastian Parish School

Student's Name (please print in ink)		Grade in the fall of 2025	
Address			
City/State/Zip		Parent/Guardian Home Phone	
Parent/Guardian Email Address		Parent/Guardian Cell Phone	
	•	ent students of St. Sebastian Parish School in grades 2-7 (who will ortion of tuition costs to attend St. Sebastian Parish School.	
applicant. For younger students, p	arental help in trans	s: (Handwritten or typed, length commensurate with the age of lating the child's thoughts is acceptable.) d community and what leadership means to me.	
☐ I give permission for the schoo	ol to provide a copy o	of my student's grades from the current school year.	
I understand this scholarship is information from an applicant's fa	•	r will the determination committee seek personal financial	
☐ I understand the funds will be	directly applied to n	y tuition account with St. Sebastian Parish School.	
☐ I understand incomplete and/o	or late applications v	vill not be considered.	
<ul> <li>I understand that if I am a reciple</li> <li>Actively participate in one</li> <li>Actively volunteer within reciple</li> </ul>	or more activities		
☐ I understand the deadline for t	the application and	essay is <mark>January 24, 2025</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: GOAL 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.