



APPLICANT'S NAME:

- 1ST TIME**
 RENEWAL

LE FONDS D'ÉDUCATION ACA SCHOLARSHIP TRUST

www.acascholarshiptrust.org

The mission of the ACA Scholarship Trust is to promote the over-all development of North Americans of French-Catholic heritage or affinity and to provide funds to encourage young people to pursue higher learning.

Originally, the trust provided honor loans repaid by recipients, when they were able, following the completion of their post-secondary studies. In 1999, the structure was changed from a no-interest loan to a scholarship program.

The Fund has grown from the reimbursements of past loans, donations, other contributions and returns on investments. Individuals are encouraged contribute to the ACA Scholarship Trust. (These donations are tax-deductible, according to 501 (c) (3) in the United States). Visit our web-site for further details at: www.acascholarshiptrust.org.

PLEASE READ CAREFULLY. YOU MUST SUBMIT ALL THE DOCUMENTS REQUESTED.
***** INCOMPLETE APPLICATIONS WILL BE REJECTED *****

To be a candidate for the ACA Scholarship Trust Program, one must:

- By the end of this school year, have graduated from high school or obtained a GED.
- Be a North-American of French-Catholic heritage or affinity.
- Planning to be enrolled in the academic year beginning in September of this year or presently enrolled as a student in an accredited institution of undergraduate studies.

Candidates must additionally submit:

- A completed transcript, including the most recent complete marking period.
- A short essay, stating the reason for requesting a scholarship, your goals in college, and also your career plans. Your essay should emphasize your interest and/or knowledge in French language and culture. Part or all may be written in French. You must also demonstrate your French-Catholic heritage or affinity.

First time applicants only:

- A passport size photo is requested for first time applicants **only**. Please do not staple.
- A letter of recommendation dated and signed by a teacher, guidance counselor or principal.

Please make sure you include all the documents requested to avoid rejection of your application.

****All applications must be signed on page 4 as indicated on the application form****

SUBMIT APPLICATION BY MAIL TO: *ACA SCHOLARSHIP TRUST, P.O. BOX 1029, LAKEVILLE, MA 02347*

Note: All applications must be mailed; no e-mail transmissions will be allowed except when responding to requests for additional information.

APPLICATIONS MUST BE SIGNED ON PAGE 4 AS INDICATED

DEADLINE: Applicants are responsible for ensuring that all materials mentioned above are **post-marked** at the address listed above **by April 30**. Any application or information post-marked after that date will not be considered. All scholarships are payable in US Funds.

RENEWAL: This scholarship may be renewed for a maximum of 3 years, consecutive or otherwise. This application must be submitted for the first year and any following years. Renewal is not guaranteed.

PERSONAL INFORMATION (Please print)

<i>FIRST NAME</i>	<i>MIDDLE NAME</i>	<i>LAST NAME</i>	<i>DATE</i>
<i>ADDRESS</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>
<i>HOME PHONE</i>	<i>D.O.B (mm/dd/yy)</i>	<i>EMAIL ADDRESS</i>	
<i>ARE YOU CONSIDERED A DEPENDENT FOR TAX RETURN PURPOSES?</i>		<i>NAME OF HOMETOWN NEWSPAPER</i>	

ACADEMIC INFORMATION (Please print)

THE SCHOOL OR COLLEGE PRESENTLY ATTENDING INCLUDING CITY/TOWN AND STATE _____ YEAR OF GRADUATION _____

IN THE SECTIONS THAT FOLLOW, INCLUDE ACTIVITIES THAT DESCRIBE ANY LEADERSHIP ROLE YOU HAVE CONTRIBUTED.

DID YOU STUDY FRENCH WHILE IN HIGH SCHOOL? _____ IF YES, HOW MANY YEARS: _____
WERE YOU INVOLVED IN A FRENCH CLUB OR SIMILAR LANGUAGE ORGANIZATION? (If yes, explain your role)

LIST THE VOLUNTEER WORK YOU HAVE BEEN INVOLVED WITH OVER THE LAST 2-3 YEARS AND/OR ARE CURRENTLY INVOLVED WITH.

LIST ANY EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED. (Clubs, sports).

THE COLLEGE I (plan to) ATTEND: _____ YEAR OF GRADUATION: _____
CITY/TOWN AND STATE: _____ MAJOR: _____

FINANCIAL INFORMATION (please print)

LIST THE NAME AND ADDRESSES OF YOUR FORMER AND PRESENT EMPLOYERS.

NAME	ADDRESS	TEL.#	DATE
------	---------	-------	------

COSTS FOR ACADEMIC YEAR		RESOURCES	
TUITION	\$ _____	SCHOLARSHIP FROM COLLEGE	\$ _____
ROOM & BOARD	\$ _____	OTHER GRANTS, LIST BELOW	\$ _____
BOOKS & SUPPLIES	\$ _____	_____	\$ _____
OTHER COSTS (please list)	\$ _____	_____	\$ _____
		_____	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

CONTINUED ON NEXT PAGE

PARENTAL FINANCIAL STATEMENT (please print)

Must be completed if you are still a dependent. Parent/Legal Guardian's signature at bottom also required.

<i>LEGAL GUARDIAN / PARENT'S FIRST NAME</i>	<i>MIDDLE INITIAL</i>	<i>LAST NAME</i>	<i>OCCUPATION/PROFESSION</i>
<i>ADDRESS</i>			<i>CITY</i>
<i>STATE</i>	<i>ZIP CODE</i>	<i>TEL #</i>	

<i>LEGAL GUARDIAN / PARENT'S FIRST NAME</i>	<i>MIDDLE INITIAL</i>	<i>LAST NAME</i>	<i>OCCUPATION/PROFESSION</i>
<i>ADDRESS</i>			<i>CITY</i>
<i>STATE</i>	<i>ZIP CODE</i>	<i>TEL #</i>	

HOW MANY TOTAL DEPENDENT CHILDREN IN THE HOUSEHOLD? _____

TOTAL HOUSEHOLD INCOME (check the appropriate box)

- \$50,000 OR LESS
 BETWEEN \$50,000 AND \$75,000
 \$75,000 OR MORE

I HEREBY CERTIFY THAT THIS APPLICATION AND ANY ATTACHMENTS ARE COMPLETE AND THAT THE INFORMATION THERE ON IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY INFORMATION, IF FOUND TO BE FRAUDULENT OR KNOWINGLY MISREPRESENTED, WILL ELIMINATE ME FROM CONSIDERATION, AND, IF THE SCHOLARSHIP HAS BEEN AWARDED, I WILL BE REQUIRED TO REFUND THE MONIES PAID TO OR FOR ME. I FURTHER AUTHORIZE THE ACA SCHOLARSHIP TRUST TO USE THE ENCLOSED INFORMATION FOR PUBLICITY PURPOSES.



✓ CHECKLIST FOR ALL APPLICANTS
(First and renewal)

- APPLICATION FORM COMPLETED AND SIGNED
- TRANSCRIPT FOR LATEST MARKING PERIOD
- SIGNED ESSAY

FIRST TIME APPLICANTS ONLY:

- LETTER OF RECOMMENDATION SIGNED
- PHOTO

#1 LEGAL GUARDIAN/PARENT SIGNATURE _____ DATE: _____

#2 LEGAL GUARDIAN/PARENT SIGNATURE _____ DATE: _____

STUDENT'S SIGNATURE: _____ DATE: _____