

YOUTH THEOLOGICAL STUDIES

PINKARD SCHOLARS PROGRAM

**ST. MARY’S SEMINARY & UNIVERSITY**

**5400 Roland Avenue • Baltimore, Maryland 21210**

**Phone: 410-864-4157 • Fax: 410-864-4110 • youth@stmarys.edu • www.stmarys.edu**

**Ms. Patricia LeNoir, Director**

**APPLICATION FORM**

*Please print or type*

Name

*Last First Middle Preferred*

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip

Phone Email

Gender:  Female  Male Social Security # U.S. Citizen?  Yes  No

Date of Birth Place of Birth: City *(or country if not U.S.)*  State

Religious Affiliation

Church / Congregation / Religious Community *(if applicable)*

Church Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

From what part(s) of the world do you trace your predominant racial/ethnic heritage? Please circle:

* Africa
* Asia
* Caribbean
* North America
* Pacific Islands
* Europe
* Middle East
* South America or Central
* Other

Name(s) of Parent(s) or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Guidance Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies or Special Areas of Interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RECOMMENDATIONS: Two letters of recommendation are required as part of the application process. Choose persons who know you well and are NOT members of your family. Please list below the names, phone numbers and addresses of the persons who will complete the recommendation forms.

Name Phone Number (Area Code)

Address *Street Address City, State, Zip Code*

Name Phone Number (Area Code)

Address *Street Address City, State, Zip Code*

ESSAYS: The Pinkard Scholars Program Admissions Committee members are interested in learning more about you. Grades and scores tell us many things about your academic performance, but they tell us little about the questions that intrigue you or the way you think about them. Therefore, we would like you to write an essay in response to each of the four questions below. There are no right or wrong responses to these questions.

Each essay should be no longer than 300 words (about half a page, single spaced). Please type or computer-print your essays and be sure to put your name on them.

1. Identify someone you know or admire who has made a difference in this world. How has this person influenced your life?
2. What interests you most about the Pinkard Scholars Program and why do you want to attend?
   1. Identify **questions** that are important to you.
   2. Share a story that exemplifies your faith journey.
3. What are you currently doing that you really care about, and why is it important to you? Who else is involved with you in this activity?
4. Describe yourself from the outside in—that is, tell us how others might describe you. Then tell what you consider to be important about yourself that others might miss (e.g., convictions, qualities, feelings, spiritual or religious experiences).

I certify that all of the above information is correct to the best of my knowledge and that the enclosed essays are my work alone. In order to participate in the Pinkard Scholars Program, I understand that I must successfully complete my sophomore year of high school and plan to enter my junior year in the fall of **2015.** If accepted and if I choose to attend, I agree to participate for the duration of the program and to abide by the rules and regulations of the Pinkard Scholars Program.

SIGNATURE of Applicant Date

This is to certify that I give permission for my son/daughter to attend the Pinkard Scholars Program.

SIGNATURE of Parent or Guardian Date

Your completed application must be received by **April 23, 2015.**

CHECKLIST

 Application Form  Two recommendations

 Four essays  Academic record form and transcript