

YOUTH THEOLOGICAL STUDIES

PINKARD SCHOLARS PROGRAM

**ST. MARY’S SEMINARY & UNIVERSITY**

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

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**Ms. Patricia LeNoir, Director**

**SCHOLARSHIP APPLICATION & AWARD FORM**

*Please print or type*

Applicant’s Name

Last First Preferred Middle

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

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email

Parent/Legal Guardian/\*Organization Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email

CHECK THE SCHOLARSHIP FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_\_\_MARK D. PACIONE SCHOLARSHIP (FULL SCHOLARSHIP)

\_\_\_\_\_\_\_PARTIAL SCHOLARSHIP FUNDING

ALL APPLICANTS: Parent/Legal Guardian or Contact of Organization, **please attach a statement explaining your reason for applying for a scholarship for this course.**

Date SIGNATURE of Applicant:

Date SIGNATURE of Parent/Legal Guardian/Contact of Organization

(By signing this application I give permission for the student’s or the organization’s name, scholarship award, and award amount to be shared in university publications and announcements, letters to benefactors and other communication specific to this scholarship)

\*Organization may be a school, church, or youth group sponsored by a school or church.