



LE FONDS D'ÉDUCATION ACA

 1ST TIME
 RENEWAL

THE ACA SCHOLARSHIP TRUST

www.acascholarshiptrust.org

Our mission is to promote the total development of North Americans of French-Catholic heritage or affinity.

The ACA Scholarship Trust encourages young people to pursue their education.

Originally, the program provided honor loans that recipients repaid, 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 is derived from the reimbursements of past loans, donations and other contributions.

Individuals may contribute to the ACA Scholarship Trust. (These donations are tax-deductible, according to 501 (c) (3) in the United States).

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:

Have graduated from high school or obtained a GED.

Be a North-American of French-Catholic heritage or affinity.

Be enrolled as a student in an accredited institution of higher learning.

Candidates must additionally submit:

A completed transcript, including the most recent complete marking period.

A passport size photo. Please do not staple.

A letter of recommendation from a teacher, guidance counselor or principal.

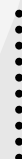
A short essay, stating the reason for requesting a scholarship, your goals in college, and also your career plans. Your essay should emphasize your interest and/or knowledge in French language and culture. Part or all may be written in French. You must also demonstrate your French-Catholic heritage or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

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

SUBMIT APPLICATION BY MAIL TO:



*ACA SCHOLARSHIP TRUST
P.O. BOX 117
ASSONET, MA 02702-0117*



DEADLINE: Applicants are responsible for ensuring that all materials mentioned above are received at the Home Office **by March 15**. Any application or information received past March 15 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)

FIRST NAME	MIDDLE NAME	LAST NAME	DATE
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	D.O.B (mm/dd/yy)	EMAIL ADDRESS	
SOC. SEC. #	MARITAL STATUS		

ACADEMIC INFORMATION (Please print)

MY HIGH SCHOOL OR COLLEGE PRESENTLY ATTENDING _____ CLASS OF _____

ADDRESS _____

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)

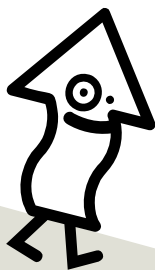
WHAT KIND OF VOLUNTEER WORK HAVE YOU DONE IN THE PAST AND/OR CONTINUE TO DO ?

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

THE COLLEGE I (plan to) ATTEND: _____ YEAR OF GRADUATION: _____

ADDRESS: _____

MAJOR: _____



ATTENTION

THIS APPLICATION MUST BE ACCOMPANIED BY
A TRANSCRIPT, PHOTO, RECOMMENDATION AND
ESSAY (see cover page)

FINANCIAL INFORMATION (please print)

HAVE YOU WORKED WHILE IN SCHOOL, DURING VACATIONS, OR AT OTHER TIMES? IF SO, HOW MUCH MONEY HAVE YOU EARNED DURING THE LAST YEAR AND HOW MUCH WAS SAVED FOR COLLEGE ?

\$ _____ \$ _____
EARNED SAVED

IF YOU HAVE NOT WORKED, PLEASE EXPLAIN WHY: _____

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

NAME	ADDRESS	TEL.#	DATE

IF YOU ARE MARRIED, PLEASE INDICATE YOUR SPOUSE'S NAME: _____

IS YOUR SPOUSE EMPLOYED ? YES NO \$ _____
ANNUAL INCOME FOR HOUSEHOLD

SPOUSE' S EMPLOYER: _____

PLEASE LIST ANY ADDITIONAL INCOME YOU (and your spouse) HAVE (investments, trust funds, social security, veterans, GI bill payment, etc.)

_____ \$ _____
_____ \$ _____
_____ \$ _____

DO YOU (or your spouse) HAVE ANY OUTSTANDING STUDENT LOANS ? _____

IF YES, PLEASE LIST DATE OF LOAN, INSTITUTION, STARTING DATE OF REPAYMENT, INTEREST RATE AND PRINCIPAL AMOUNT.

HAVE YOU APPLIED FOR OTHER FINANCIAL AID ? YES NO

IF YES, PLEASE LIST BELOW. IF NO, EXPLAIN WHY. _____

COSTS FOR ACADEMIC YEAR**RESOURCES**

TUITION \$ _____

SCHOLARSHIP FROM COLLEGE \$ _____

ROOM & BOARD \$ _____

PELL GRANT \$ _____

BOOKS & SUPPLIES \$ _____

OPPORTUNITY GRANT \$ _____

OTHER COSTS (please list) \$ _____

FROM PARENTS \$ _____

OTHER FINANCIAL AID \$ _____

TOTAL \$ _____**TOTAL** \$ _____**PARENTAL FINANCIAL STATEMENT (please print)**

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

MOTHER'S FIRST NAME MIDDLE NAME LAST NAME OCCUPATION/PROFESSION

ADDRESS CITY

STATE ZIP CODE TEL #

FATHER'S FIRST NAME MIDDLE NAME LAST NAME OCCUPATION/PROFESSION

ADDRESS CITY

STATE ZIP CODE TEL #

HOW MANY DEPENDENT CHILDREN IN THE HOUSEHOLD (including applicant) _____

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 FORM IS 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.**

MOTHER'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____

STUDENT'S SIGNATURE _____ DATE _____

 BY CHECKING THIS BOX I AUTHORIZE THE ACA SCHOLARSHIP TRUST TO USE THE ENCLOSED INFORMATION FOR PUBLICITY REASONS.

CHECKLIST
(1st Time Applicants and Renewals)

- APPLICATION FORM
- MARKING PERIOD
- PHOTO
- LETTER OF RECOMMENDATION
- ESSAY