



HOLY CROSS POP WARNER SCHOLARSHIP:

I. PURPOSE

The primary purpose of the Holy Cross Pop Warner Scholarship is to provide assistance to a Holy Cross student who enrolled at Holy Cross through a direct correlation to the Pop Warner program. This scholarship is only available to Holy Cross students who participated in pop warner as a football player, cheerleader, or in a related capacity.

II. GENERAL

- A. The Holy Cross Pop Warner Scholarship will provide a one-time \$500 payment toward the tuition cost at Holy Cross of San Antonio.
- B. Any student wishing to apply to receive the Holy Cross Pop Warner Scholarship must submit a one page essay on one of the following two topics:
 - a. What my Holy Cross education means to me
 - b. The merit of living by the Holy Cross Code
- C. The Holy Cross Pop Warner Scholarship Application must be completed and submitted to the office of Admissions by September 5, 2014. Failure to complete and submit the Application in a timely manner will result in the denial of application submission.
- D. A family may only apply for the Holy Cross Pop Warner Scholarship once. If awarded, families may not reapply in future years.

III. ELIGIBILITY

- A. All eligible students must meet the admission requirements of Holy Cross of San Antonio in order to utilize the Holy Cross Pop Warner Scholarship.
- B. Eligibility must be verified before the scholarship is awarded.

HOLY CROSS POP WARNER SCHOLARSHIP APPLICATION

THIS APPLICATION MUST BE FILLED OUT BY THE PARENT/GUARDIAN OF THE STUDENT-APPLICANT.

Parent/Guardian completing the application: _____

Student for whom the scholarship is being requested and their grade level: _____

In what capacity did this student participate with the Holy Cross Pop Warner league? _____

I _____ (Print Name), verify that all information on this application for the Holy Cross Pop Warner Scholarship is accurate and correct.

Signature of Individual Requesting Holy Cross Pop Warner Scholarship

Date

** Staple a copy of the student essay to this application at the time of submission
Leave Blank. To be completed by Holy Cross of San Antonio.*

Principal

Date

Scholarship Granted:	
____ YES	____ NO
Scholarship Processed by Business Office:	
____ YES	____ NO