



2019-2020 JOSEPH B. KIRKISH, Ph.D. CONGREGATIONAL EDUCATIONAL SCHOLARSHIP

The Portage Health Foundation (PHF) has established the Joseph B. Kirkish, Ph.D. Congregational Educational Scholarship award. PHF will award one (1) \$5,000 scholarship to an eligible graduating senior from one of the below listed high schools. The scholarship is a one-time award. PHF's intention is that recipient use the scholarship to help pay for education costs at a post-secondary school of their choosing. The successful recipient will meet the below-referenced criteria and submit their application to PHF who will anonymously review the finalist applications to make an award decision.

Eligible High Schools:

- Baraga
- L'Anse
- Calumet
- Chassell
- Dollar Bay-Tamarack City
- Hancock Central
- Horizons
- Houghton
- Jeffers.
- Lake Linden-Hubbell
- Ewen-Trout Creek
- Ontonagon

Eligibility Criteria:

- At the donor's request, the student must be a congregation member of St. Ignatius Loyola and/or St. Albert the Great Churches, letter of recommendation from the parish clergy needs to be included with application;
- The student must graduate during the 2019-2020 academic year;
- The student must have at least a 2.5 GPA;
- The student must be accepted for admission to a post-secondary institution (proof of acceptance must be shown – however, if the student has not received notification of acceptance, they must attach evidence that they have applied to a school and indicate when they anticipate receiving notification from that school);
- The student must be intending to seek a post-secondary degree or certification;
- The student must be intending to be enrolled full-time (at least 12 credits);
- The student must demonstrate engagement in school and/or community activities; and
- The student must write a cover letter and accompanying essay in support of their application.

Important Dates:

- The student must submit a completed application to the Portage Health Foundation by 3:00 p.m. on **March 20, 2020**. All required documentation must be included at the time of application submission, incomplete applications will not be considered. Materials should be sent to:

PHFoundation
ATTN: Scholarships
400 Quincy St. – PO Box 299
Hancock, MI 49930
info@phfgive.org

- The names of the applicants will be redacted prior to being presented to the PHF Grants Management Committee for review and award selections. PHF will mail award letters on or before May 1, 2020.



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A form-fillable application may be downloaded at www.phfgive.org/request-grants.php

Date: _____

Applicant Name: _____

Home/Mailing Address: _____

Telephone: _____

Parent(s)/Guardian/Other: _____

High School: _____

Cumulative GPA: _____ (Please include high school transcript)

School(s) Accepted for Admission (must include proof of acceptance – if you have not received a notification of acceptance, please submit proof that you have applied to a school and indicate when you anticipate hearing from that school):

Intended Area of Study: _____

Intended Degree/Certification: _____

Please list any related coursework you have studied with corresponding dates:

Please list any volunteer work you have participated in with corresponding dates:

Please list your extracurricular activities (within and/or outside of school) with corresponding dates:



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Students, please prepare a one-page cover letter that addresses the following questions:

- Why do you want to continue your education;
- What do you hope to accomplish academically while continuing your education;
- How do you hope to use your education once you have completed your training; and
- How does your ongoing education relate to the Portage Health Foundation’s mission?

“To positively influence a healthier community through enhanced philanthropy and collaboration.”

In addition to the cover letter, please prepare a one-page essay that answers the following question:

- Describe a challenge you have overcome?

Students must submit completed applications to the Portage Health Foundation no later than 3:00 p.m. on **March 20, 2020**. Incomplete applications will not be considered.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner, my picture may be taken and used to promote the scholarship program.

I hereby understand that if chosen as a scholarship winner, according to PHF scholarship policy, it is my responsibility to remit to PHF the appropriate information for my scholarship to be paid directly to my educational institution or program.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____



STUDENT APPLICATION CHECKLIST

- Fill out application (page 2)
- Attach your cover letter and essay
- Attach high school transcript
- Attach letter of recommendation from parish clergy
- Attach proof of your acceptance to a post-secondary institution (if you have not received notification of your acceptance, please submit proof that you have applied to a school and indicate when you anticipate hearing from that school)
- Submit completed application to the Portage Health Foundation office by 3:00 p.m. on **March 20, 2020**.

If awarded, the student will be sent a Letter of Acceptance with additional information to complete and return. The scholarship award will be paid directly to the educational institution or program.