



SCHOLARSHIPS

Alumni Scholarship Application

QUALIFICATIONS FOR SACRED HEART-GRIFFIN ALUMNI SCHOLARSHIP

Dear Students, Parent(s) and Principal:

As past students of Sacred Heart-Academy, Cathedral, Griffin and Sacred Heart-Griffin, we are dedicated to helping those students who might otherwise not be able to afford a Catholic education.

Eligibility requirements are as follows:

- Average grades, as well as the principal's recommendation
- Student profile or essay
- **Deadline: March 30, 2026**

For your convenience, we have enclosed an application form in every freshman registration packet.

We encourage all applicants to advise us of any exceptional circumstances in the family that you would like the Selection Committee to consider.

Only forms that have been completed and signed by the principal, parent and student will be considered.

If you have any questions, please contact Michele Reavy at 217.787.9732. If you would like to email your application, please email reavy@shg.org.

Sincerely,

The Alumni Scholarship Committee

Sacred Heart-Griffin High School
Alumni Scholarship Selection Committee
1200 West Washington Street
Springfield, Illinois 62702

APPLICATION FOR SACRED HEART-GRIFFIN ALUMNI SCHOLARSHIP

Date: _____

Name of Student: _____ Phone No. _____

Address: _____ School: _____

_____ Parish: _____

Mother's Name: _____ Occupation: _____

Address: _____ Employer: _____

Father's Name: _____ Occupation: _____

Address: _____ Employer: _____

Please list the names and ages of any siblings you have: _____

Please answer the following questions on a separate sheet of paper. If possible, type and double space your answers. Please staple your answer sheet to this paper before turning it into your principal.

1. In a few short words, please tell us why you would like to attend Sacred Heart-Griffin.
2. Please describe any service you have given to your parish, grade school, community and family.
3. Please list any special awards, honors or activities.

Signature of Student:

Signature of Parent:

ATTENTION STUDENTS: Please submit your completed application to your school principal. He/She will forward the application to Sacred Heart-Griffin.

ATTENTION PARENT/GUARDIAN: Are there any exceptional circumstances in your family (financial or other) that you would like the Selection Committee to consider? Please attach a separate sheet describing them and return it with this application.

CONFIDENTIAL

SACRED HEART-GRIFFIN ALUMNI SCHOLARSHIP - PRINCIPAL RECOMMENDATION

Name of Student: _____

School: _____

Please check the box that best describes the student.

	Outstanding	Above Average	Average
Academic Motivation			
Self - Discipline			
Leadership			
Concern for Others			
Service to School/Parish			
Respect for Teachers			

1. Can you verify that the student has had at least a "C" average since sixth grade?

Yes ☐ No ☐ Unsure ☐

2. We encourage you to share other information that may be helpful to the Selection Committee. *(Feel free to continue on the back or on a separate piece of paper if necessary.)*

Signature of Principal:

The principal should forward the student's application and this form to Sacred Heart-Griffin High School by March 30, 2026. Thank You for your assistance in this application process!