

## National Association of Catholic School Teachers John J. Reilly Memorial Scholarship Application

The National Association of Catholic School Teachers (NACST), as a memorial and tribute to John J. Reilly, has established a scholarship to help defray the cost of the college education of outstanding children of NACST members.

Applications for the 2019 scholarships are to be completed by March 8, 2019.

**N.B.** Please forward the application to the office of the local NACST affiliate.

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Please enter me in the 2019 John J. Reilly Memorial Scholarship competition.

I am the \_\_\_ son \_\_\_ daughter of an active NACST member, and I expect to complete high school in the spring of 2019 and enter college in the fall of 2019.

**PLEASE PRINT**

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Name of Student (First, MI, Last)

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Street Address

City, State & Zip

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Name & Address of High School

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Name of Parent/NACST Member

Name of NACST Affiliated Association

What university or college do you plan to attend? \_\_\_\_\_

What major field of study do you plan to follow? \_\_\_\_\_

Using the form on page 2, please list your involvement in extracurricular and community activities.

I understand that an impartial selection committee will evaluate all data submitted on my behalf, and that the decisions of the committee will be final in the selection of scholarship winners.

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Signature of Student

Signature of NACST Member

Date

**NACST – JOHN J. REILLY MEMORIAL SCHOLARSHIP**

**INVOLVEMENT IN EXTRACURRICULAR AND COMMUNITY AFFAIRS**

<b>Activity or Interest</b>	<b><u>Grade Level</u></b>			<b><u>Approximate Time Spent</u></b>		<b>Positions Held, Honors Won</b>
	<b>10</b>	<b>11</b>	<b>12</b>	<b>Hours Per Week</b>	<b>Weeks Per Year</b>	

**NACST – JOHN J. REILLY MEMORIAL SCHOLARSHIP**

**STUDENT INFORMATION FORM**

Name of Student \_\_\_\_\_ Home Address \_\_\_\_\_

I am the parent of the above-named student who is an applicant for a John J. Reilly Memorial Scholarship. Selection of winners is based, in part, on the information listed below, and I hereby authorize you to release it to the selection committee.

\_\_\_\_\_  
Parent's Signature

**Instructions: (This section to be completed by high school official.)**

**A transcript of the student's grades and academic achievement must be submitted with this form in a sealed envelope embossed with the school seal.**

1. Rank in class \_\_\_\_\_ in a class of \_\_\_\_\_.  
(Number) (Class size)

2. Test Scores

<u>Test</u>	<u>Raw Score</u>	<u>Percentile</u>	<u>Norm Group</u>
SAT (Verb/Math)	_____	_____	_____
ACT	_____	_____	_____
Other	_____	_____	_____

3. Non-academic school activities, including positions held, i.e., president, etc.

4. Community involvement outside of classroom.

5. Any other comments you wish to add.

Signed/Date \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_