

**Fellowship of St. John Divine  
Anthony Bashir Memorial Scholarship**

**All Applicants Read First:**

**Purpose of the Scholarship:** Scholarships are awarded to worthy and needy Orthodox Youth of the Antiochian Archdiocese who have resided within the Midwest Region of FOSJD for at least one year prior to awarding of the scholarship. Scholarships will be awarded to students of outstanding excellence in any field of study toward a baccalaureate degree in an accredited college or university.

**Scholarship Awards:**

A Board of Judges has the duty of selecting scholarship recipients on the basis of scholastic achievement, participation in religious life, need, character and worthiness. Two scholarships will be awarded based on Academics and two on Academics/Need. In order to be eligible to receive an Academic/Need award, a Parent's Financial Summary, Section 4, must be completed.

**Application must be typed or printed.**

**Section 1**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_  
Home Parish \_\_\_\_\_  
Parish Priest \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Age \_\_\_\_\_  
Occupation \_\_\_\_\_  
Living \_\_\_ Deceased \_\_\_  
Mother's Name \_\_\_\_\_  
Age \_\_\_\_\_  
Occupation \_\_\_\_\_  
Living \_\_\_ Deceased \_\_\_

**Applications must also include:**

1. Proof of acceptance or registration in an accredited college or university.
2. An essay, approximately 300 words stating your career goals, church and community involvement and worthiness to receive an award.
3. Have your parish priest submit the Parish Priest Endorsement Form.
4. High School Seniors complete section 5.
5. College Applicants submit a current college transcript of grades bearing the official seal of the registrar.

Submit applications postmarked by **June 1** to:  
James Nicholas  
c/o St. Michael Church  
3701 St. Michael Church Drive  
Louisville, KY 40220  
Email: [theojaxesn@insightbb.com](mailto:theojaxesn@insightbb.com)  
Phone: 502-454-3378

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**Section 2**

High School from which you will be graduating \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Principal's Name \_\_\_\_\_  
Name/Location of College/University you will attend or are currently attending: \_\_\_\_\_  
\_\_\_\_\_  
Amount of Tuition \_\_\_\_\_  
Resident or Commuter \_\_\_\_\_  
If Resident note cost of room/board \_\_\_\_\_  
Number of credit hours you expect to take:  
Summer \_\_\_\_\_  
Fall \_\_\_\_\_  
Spring \_\_\_\_\_  
Vocation Goal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors & Awards (note year of receipt):

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Extra Curricular Activities (church, civic, school, social involvement):

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Scholarships & financial awards received. Specify length of time they are applicable, source of award and amount:

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**Section 3**  
**Scholarship Pledge**

During the tenure of any award given to me, I promise that I will continue to participate in the Orthodox Faith and further support its principles and activities, to the best of my ability. I also understand that falsification of any part of this application will result in the requesting of a refund of the total amount of the award.

I will keep the Chairperson informed of any changes in my address, curriculum, and/or school attended, and will forward to the Chairperson a scholastic record at the end of each school term during which I hold an award.

Finally, I will immediately report a withdrawal from school, during the award period, to the Chairperson. Upon such withdrawal, I understand that I may be liable to refund the award, subject to the discretion of the Chairperson.

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Section 4**

**Must be completed for all applicants applying for an Academic/Need award.**

1. What was your parents' adjusted gross income for this past year?  
Father/Stepfather \_\_\_\_\_  
  
Mother/Stepmother \_\_\_\_\_
2. Enter the number of dependent children including the applicant. \_\_\_\_\_
3. How many in question 2 will be college students between July and June for this coming year including applicant?  
\_\_\_\_\_
4. How many in question 2 between July and June for this coming year will be in: (excluding applicant)  
Public School \_\_\_\_\_ Private School \_\_\_\_\_  
Expenses \_\_\_\_\_
5. Are there specific instances of individual(s) within the family who require medical or other care consequently constituting an excessive financial burden?  
\_\_\_\_ No  
\_\_\_\_ Yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 5**

**To be completed by Applicant's guidance counselor or principal**

Applicant's Name \_\_\_\_\_

This applicant is applying for a scholarship through the Orthodox Church Midwest Region Fellowship Organization. Scholarships are awarded to worthy and needy Orthodox youth of outstanding excellence in any field of study toward a baccalaureate degree in an accredited college or university. Thank you for your assistance in completing these questions.

Date applicant will graduate from high school \_\_\_\_\_

Applicant's grade point average to date \_\_\_\_\_

Total number in graduating class \_\_\_\_\_

Applicant's class rank \_\_\_\_\_

Applicant's ACT/SAT scores and dates of testing:

V \_\_\_\_\_ M \_\_\_\_\_ Date \_\_\_\_\_

V \_\_\_\_\_ M \_\_\_\_\_ Date \_\_\_\_\_

***This application must be accompanied by the applicant's TRANSCRIPT of grades!***

Name \_\_\_\_\_ Official Title \_\_\_\_\_

Date \_\_\_\_\_ Name of School \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail to:

James Nicholas  
c/o St. Michael Church  
3701 St. Michael Church Drive  
Louisville, KY 40220  
Email: [theojamesn@insightbb.com](mailto:theojamesn@insightbb.com)  
Phone: 502-454-3378

**Must be postmarked no later than June 1**

Applicant's Name \_\_\_\_\_

**St. John The Divine  
Anthony Bashir Memorial Scholarship  
Parish Priest Endorsement Form**

	Low Involvement				High Involvement			
1. Church Attendance & Participation	NA	0	1	2	3	4	5	
2. Church School Attendance	NA	0	1	2	3	4	5	
3. Altar Boy	NA	0	1	2	3	4	5	
4. Choir	NA	0	1	2	3	4	5	
5. Sunday School Teacher	NA	0	1	2	3	4	5	
6. Teen SOYO Member	NA	0	1	2	3	4	5	
Teen SOYO Officer	NA	0	1	2	3	4	5	
Active in Regional Teen SOYO	NA	0	1	2	3	4	5	
Do you have an Active Teen Group?		Yes		No				
7. Oratorical Participant	NA	0	1	2	3	4	5	
Number of years _____								
8. Catechism Bowl Participant	NA	0	1	2	3	4	5	
Number of years _____								
9. Art Festival	NA	0	1	2	3	4	5	
10. Creative Writing Festival	NA	0	1	2	3	4	5	
11. Poetry Festival	NA	0	1	2	3	4	5	
12. Photography Festival	NA	0	1	2	3	4	5	
13. Community Volunteer Work	NA	0	1	2	3	4	5	

*Please comment on why the applicant should receive this scholarship.*

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Clergy Name (print) \_\_\_\_\_

Clergy Signature \_\_\_\_\_

Please return by June 1 to:

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c/o St. Michael Church  
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Louisville, KY 40220  
Email: [theo.jamesn@insightbb.com](mailto:theo.jamesn@insightbb.com)  
Phone: 502-454-3378

**Note: THIS FORM MUST BE RETURNED FOR THIS APPLICANT TO BE CONSIDERED FOR A SCHOLARSHIP.**