



LOYOLA UNIVERSITY MARYLAND

School of Education

— 1852 —

# Scholarship Application

## For The Archdiocese of Baltimore

### Catholic School Teachers and Administrators

*The application must be received prior to the beginning of the semester. There are a limited number of scholarships per semester. The scholarship recipients will be notified at least one week before the start of the semester. If an application is received after the first class has begun, it cannot be processed.*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Student ID# \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Numbers: Home/Cell \_\_\_\_\_ Work: \_\_\_\_\_

**Program Information:** Please note this application must be completed each semester, prior to registration. Check below what semester you are seeking a scholarship.

Fall 20\_\_\_\_\_, Spring 20\_\_\_\_\_, OR Summer Sessions 20\_\_\_\_\_ which includes all sessions.

Are you currently enrolled in a degree-seeking (master's level) program in the School of Education? \_\_\_\_\_

- Name of Current Graduate Program: \_\_\_\_\_
- Current Overall Grade Point Average (GPA): \_\_\_\_\_
- How many graduate credits have you completed? \_\_\_\_\_

Have you been granted prior scholarships? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

*Note: Student award is calculated based on three graduate credits within the School of Education. This award cannot be combined with any other School of Education discounts or awards.*

#### **Archdiocese of Baltimore- School Information:**

- 1) Are you currently employed by an [Archdiocese of Baltimore Catholic School](#)? ☐ Yes ☐ No
- 2) Name and address of School: \_\_\_\_\_
- 3) County where school resides: \_\_\_\_\_
- 4) Position Title: \_\_\_\_\_
- 5) Date of Employment: \_\_\_\_\_

#### **To be completed by Principal or Assistant Principal:**

- 1) Is the applicant in good standing at your school? ☐ Yes ☐ No
- 2) Do you recommend and support the applicant taking this degree-seeking program? ☐ Yes ☐ No
- 3) Signature of Recommending School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**This form should be uploaded to the online [application form](#).**

Please direct all questions regarding this scholarship to [educationdean1@loyola.edu](mailto:educationdean1@loyola.edu)

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4501 NORTH CHARLES STREET, BALTIMORE, MARYLAND 21210

PHONE 410-617-2000 · WWW.LOYOLA.EDU