

Invitation to Apply

The Sisters of St. Joseph of St. Augustine, Florida, are now accepting applications for the Rosina Patterson Scholarship - for the 2025-2026 academic year at St. Joseph Academy.

To apply, eligible students must complete the following:

- * Complete the two page application.
- * Provide 2 letters of recommendation (see instructions for guidelines).
- * Include parental/ guardian authorization with required financial documentation & explanation of financial need.
- * Write a short autobiography.
- * Submit a wallet-sized photo.

We will present only completed application to the selection committee.

<u>History</u>: Rosina Patterson, a former student of St. Joseph Academy, attended the school during its time under the ownership and operation of the Congregation of the Sisters of St. Joseph. She greatly valued the education she received, shaped by the guidance of the Sisters who influenced her formative years. Born on October 29, 1892, and passing away on February 28, 1992, Rosina's legacy lives on through this fund.

Following her passing, the fund was established to provide scholarships to students in need attending St. Joseph Academy, located at 155 State Road 207, St. Augustine, Florida. A selection committee reviews each completed application, and once a decision has been made, all applicants will receive written notification.

Submit completed applications via postal mail or hand delivery.

The application deadline is April 7, 2025, at 3:00 PM. Once a decision has been made, all applicants will receive written notification.

Mail to:

Rosina Patterson Memorial Scholarship Selection Committee c/o Mrs. Phyllis Croucher, Mission Advancement Director P.O. Box 3506, St. Augustine, Florida 32085-3506

Deliver to:

Rosina Patterson Memorial Scholarship Selection Committee c/o Mrs. Phyllis Croucher, Mission Advancement Director 241 St. George Street, St. Augustine, Florida 32084

We will not permit emailed applications.



2025-2026

Rosina Patterson Memorial Scholarship

Application Instructions

This Scholarship is made available for students in financial need.

<u>This is not a merit scholarship.</u>

Note: All students selected for the scholarship must submit a written response accepting the scholarship within 2 weeks of receiving the notification. If no response is received by the deadline, it will be assumed that the student is declining the scholarship, and it will be offered to another candidate.

Complete application must include:

O Application (page 1)

Previous scholarship recipients - Include the amount received for each grade.

- O Parent/ Guardian Information & Authorization (page 1)
- O Two (2) Recommendation forms (page 3)

One (1) Recommendation Form from staff member at current school

One (1) Recommendation Form from other adult such as a pastor, minister, rabbi, youth director, employer, scout leader, etc. No relatives can be used as a reference.

O Financial Information - submit the following:

PLEASE READ CAREFULLY, INCOMPLETE FINANCIAL INFORMATION WILL DISQUALIFY THE APPLICANT.

- Form 1040 (Current year filing with signature & date) for parent(s)/ guardian(s) in which the student resides
- Mark out social security numbers & bank information
- Include Adjusted Gross Income from Form 1040 (page 2). If parent(s)/guardian(s) separately, include Adjusted Gross Income under mother/ guardian & father/ guardian. If parent(s)/ guardian(s) file jointly, include Adjusted Gross Income under Adjusted Joint Gross Income (Application, page 2)
- If income is received from other sources, list under "Other Income" (Application, page 2) & provide supporting documentation (Income not covered under Adjusted Gross Income, Form 1040): examples of other income alimony, cash, child support, hobby, inheritance, VA, social security or insurance disability, retirement (IRA or 401K annuities), military active-duty allowances, & unemployment benefits.
- O Please provide a detailed explanation of the financial challenges you are facing that make it difficult for you to afford the tuition payment at SJA. Financial disclosures must be in the name of the person(s) responsible for the tuition.
- O Brief Autobiography must be written by student in clear legible handwriting or computer printed (approximately 100 words) including, but not limited to:
 - Activities, service or volunteer projects
 - Awards & honors
 - Why it is important for you to get this scholarship
- O Individual Picture
 - Wallet size school picture preferred, others will be accepted. Please put name on back of photo.

DEADLINE: TUESDAY APRIL 1ST, 2025, BY 3:00PM
ONLY COMPLETE APPLICATIONS WITH ITEMS LISTED ABOVE WILL BE ACCEPTED.

EMAIL WILL NOT BE ACCEPTED

Mail to: Rosina Paterson Memorial Scholarship Selection Committee, c/o Mrs. Phyllis Croucher, Mission Advancement Manager, P.O. Box 3506, St. Augustine, Florida 32085-3506

Deliver to: Rosina Patterson Memorial Scholarship Selection Committee, c/o Phyllis Croucher, Mission Advancement Manager, 241 St. George Street, St. Augustine, Florida 32084



Rosina Patterson Memorial Scholarship

Name of student		Date					
Last First		Middle Initial					
Street address (no p.o. box)							
city		state	state zip				
			Date of birth				
home phone	Cell Number		(Month/Day/Year)				
male female email							
School Presently Att	ending	Current grade level					
Number of Children in Home Parish/ Church							
Have you received this scholarship in previous year(s)?							
List the amounts rec	eived for each grade: 9th	10th	11th				
List any financial ass	sistance currently receiving:						
Recommendation	s - Two recommendations are required as	s described below:					
School recommenda	ntion - Name:						
Schoolrecommenda	uion-name.						
Other adult recomme	ndation - Name:						
	PARENT/ GUARDIAN INFO	RMATION & AUTH	ORIZATION				
	MOTHER/ GUARDIAN		FATHER/ GUARDIAN				
Name		Name					
Home Number		Home Number					
Work Number		Work Number					
Cell Number		Cell Number					
Email Address		Email Address					
Occupation		OCCUPATION					
Company		COMPANY					
Adjusted Gross Income (Mother)		Adjusted Gross Income (Father)					
Adjusted Joint Gross Income		Other Income					

I authorize the Sister of St. Joseph to photograph and/ or videotape my child and use the photographs/ videos for educational or promotional purposes. The photographs/ videos may not be used for profit without my expressed permission. I understand that I or my child will not be paid or rewarded for providing this authorization.

I understand that a social function may be held to honor students who receive scholarships and that transportation to the event venue may be required by me or in the event that transportation is provided, I hereby give my permission for my child to be transported to the event.

Parent/ Guardian Signature

Date



Rosina Patterson Memorial Scholarship

Recommendation

Rosina Patterson was a student of St. Joseph Academy during the period in which the school was owned and operated by the Sisters of St. Joseph of St. Augustine. Ms. Patterson held in high regard the education that she received at St. Joseph academy and recognized the influence of the sisters who taught her in the early years of her life. Upon her passing in 1992, The Rosina Patterson Memorial Scholarship Fund was established to provide grants for students with financial need to attend St. Joseph Academy

Applicants are required to submit two (2) recommendations for scholarship consideration. Your completion of this recommendation form is greatly appreciated.

You must not be a relative of the applicant

Recommendation for (Applicant):				
Recommendation from:				
Name:		Date:		
Phone: Work	Cell	Home)	
Email:				
Relation to Applicant: Teacher	☐ Pastor/Minister/Rabbi	☐ Youth Director	□Scout Leader	
☐ Employer ☐ Other, Specify:				
How long have you known this ap	plicant?			
Please tell us why you think this st	udent would be a good sch	nolarship candidate.		
		NAME OF THE PROPERTY OF THE PR		
			Schillerformung verlach and demonstration and ones is a former and non-version for an extension to step a must debot con-	

Please mail completed recommendation (Deadline April 1, 2025, by 3:00 pm) to:

Rosina Patterson Memorial Scholarship Committee, c/o Mrs. Phyllis Croucher, Mission Advancement Director, P.O. Box 3506, St. Augustine, Florida 32085-3506



Rosina Patterson Memorial Scholarship RECOMMENDATION

Rosina Patterson was a student of St. Joseph Academy during the period in which the school was owned and operated by the Sisters of St. Joseph of St. Augustine. Ms. Patterson held in high regard the education that she received at St. Joseph academy and recognized the influence of the sisters who taught her in the early years of her life. Upon her passing in 1992, The Rosina Patterson Memorial Scholarship Fund was established to provide grants for student attendance at St. Joseph Academy.

Applicants are required to submit two (2) recommendations for scholarship consideration. Your completion of this recommendation form is greatly appreciated.

You must not be a relative of the applicant

Recommendation fro	om:			
Name:		Date:		
Phone: Work	Cell	Home)	
Email:				
Relation to Applicant: Tea	cher Pastor/Minister/Rabbi	☐Youth Director	□Scout Leader	
☐ Employer ☐ Other, Spec	ify:			
How long have you known th	nis applicant?			
Please tell us why you think t	his student would be a good sch	nolarship candidate.		
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Please mail completed recommendation (*Deadline April 1, 2025, by 3:00 pm*) to:

Rosina Patterson Memorial Scholarship Committee, c/o Mrs. Phyllis Croucher, Mission Advancement Director, P.O.

Box 3506, St. Augustine, Florida 32085-3506



Rosina Patterson Memorial Scholarship Fund

History:

Rosina Patterson was a student of St. Joseph Academy during the period in which the school was owned and operated by the Congregation of the Sisters of St. Joseph. Rosina Patterson held in high regard the education that she received under the influence of the Sisters who taught her in the early years of her life. Rosina Patterson was born on October 29, 1892 and died on February 28, 1992.

The Rosina Patterson Memorial Scholarship Fund:

A fund established in 1992 providing grants to students with significant financial need for attendance at St. Joseph Academy, 155 State Road 207, St. Augustine, Florida.

Title of Fund:

Rosina Patterson Memorial Scholarship Fund

Area:

St. Joseph Academy, St. Augustine, Florida

Level of Education for Which Award is Granted:

High School

Number, Amount, Type of Award:

Unspecified number and amount of scholarship. Scholarship awards are based on the fund return on investment for the previous year. The average award amount is around \$ 350.00 per student. Each recipient is negotiated individually. Renewable. New applications must be made every year.

Eligibility:

Students who are currently attending St. Joseph Academy or will be entering as a freshman for the next funding period. Eligibility is also based on character and need.

Method of Disbursement:

Scholarship paid directly to St. Joseph Academy for tuition, textbooks and/or course material expenditures.

Application Period:

Awards are made annually. Deadline for submission indicated on application.

Mail to: -or- Deliver to:

Rosina Patterson Memorial Scholarship Fund Sisters of St. Joseph of St. Augustine Mission Advancement Office Post Office Box 3506 St. Augustine, Florida 32085-3506 Rosina Patterson Memorial Scholarship Fund Sisters of St. Joseph of St. Augustine Mission Advancement Office 241 St. George Street St. Augustine, Florida 32084

No Emailed Information will be Accepted

Award Notification and Disbursement:

Applicants will be notified via U.S. mail of scholarship acceptance within 30 days after above deadline. Funds will be directly distributed to St. Joseph Academy for tuition, textbooks and/ or course material expenditures.