

**STEVEN F. BILLING FAMILY MEMORIAL SCHOLARSHIP**

**2024 APPLICATION**

**APPLICATION DUE DATE: March 15, 2024**



**Saint John Paul II**  
*Live By The Spirit Of Faith.* **ACADEMY**

**SAINT JOHN PAUL II ACADEMY  
4001 NORTH MILITARY TRAIL  
BOCA RATON, FLORIDA 33431  
[WWW.SJPII.NET](http://WWW.SJPII.NET)**

**The Steven F. Billing Family Memorial Scholarship** provides a \$1,500.00 scholarship to a Saint John Paul II Academy student who demonstrates strong academic and leadership qualities.

**Who is an eligible applicant for the Steven F. Billing Family Memorial Scholarship?**

- Enrolled at Saint John Paul II Academy
- A current Senior who has been accepted into College
- Has financial need
- Strong leadership presence on and off campus

**What criteria are used in evaluating the Steven F. Billing Family Memorial Scholarship applications?**

Eligibility is based on achievements in many areas. Students are required to submit an essay describing their future goals and aspirations and how their faith has allowed them to continue to pursue these goals:

- 1) Leadership Qualities 2) Academic Promise 3) Enthusiasm 4) Community Outreach and Involvement

**What restrictions are there on the use of the Billing Family Memorial Scholarship?**

Recipients must use the monetary award for college tuition and expenses.

**APPLICATION PROCEDURES**

All information requested on The Steven F. Billing Memorial Scholarship Application Form must be provided. Incomplete applications will not be considered.

- 1. The Nominee’s Autobiographical Essay:** Each applicant must submit a signed essay, not to exceed one single-spaced page. The essay will play a significant role in the selection process. Your essay should address the following:

**Leadership Qualities:** Inspiring or directing others; becoming a role model for your peers. Evidence of leadership qualities can be drawn from personal or academic experiences, including extra-curricular activities.

**Achievements:** Special skills and talents, creative or challenging activities that you have accomplished in your personal or academic life, such as artistic talent, public speaking and scientific or mathematical aptitude.

**Community Outreach:** Volunteer work performed that has benefited others such as the elderly, not for profit groups or agencies, schools, hospitals or community service agencies.

**2. Resume**

- 3. Nomination and References (OPTIONAL):** Up to (2) letters of recommendation may be submitted with application.

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**Assemble your application packet in the following order and use this as your checklist:**

- The Steven F. Billing Memorial Scholarship Application \_\_\_\_\_
- The Nominee’s Autobiographical Essay \_\_\_\_\_
- Resume \_\_\_\_\_
- Two (2) additional Letters of Recommendation (OPTIONAL) \_\_\_\_\_

**Application Due Date is March 15, 2024 – INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

**Return To:**

Saint John Paul II Academy  
School Counseling Department  
4001 N. Military Trail  
Boca Raton, Florida 33431

# Saint John Paul II Academy

## Steven F. Billing Memorial Scholarship

The completed application along with all other required information (see instructions) must be received by March 15, 2024  
Incomplete applications will not be considered.

### APPLICANT'S INFORMATION

\_\_\_\_\_  
LAST FIRST MI SOCIAL SECURITY NUMBER DATE OF BIRTH

\_\_\_\_\_  
HOME ADDRESS CITY STATE ZIP TELEPHONE (\_\_\_\_\_)\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**(OPTIONAL) LETTERS OF RECOMMENDATION:** Two letters of recommendation from two other separate individuals must be included in your application packet. Letters of recommendation may not be written by the applicant, anyone under 21 years of age or anyone related to you or serving as your legal guardian. A phone number must be included for each person providing a recommendation.

### REFERENCE 1

\_\_\_\_\_  
Last Name First Name Relationship to Applicant (i.e. teacher, counselor, clergy or employer, etc.)

\_\_\_\_\_  
Telephone Number E-Mail Address (required)

### REFERENCE 2

\_\_\_\_\_  
Last Name First Name Relationship to Applicant (i.e. teacher, counselor, clergy or employer, etc.)

\_\_\_\_\_  
Telephone Number E-Mail Address (required)

We (I) declare that the information reported above is true, correct and complete to the best of our (my) knowledge:

\_\_\_\_\_  
Signature of Student (required) Date

\_\_\_\_\_  
Parent/Guardian Signature (required) Date