



Christopher and Armand Scholarship Application 2025

Application due date: April 30, 2025

1. DEADLINE for scholarship applications is April 30, 2025 **(NO EXCEPTIONS)**
2. Refer to the application process below for a list of the supporting documents needed.
Incomplete applications will not be considered.
3. If any question does not apply to you in this application, please put N/A in the space.
4. Type or print legibly.
5. You will be notified by email in June regarding being awarded the scholarship. **If contact information is incomplete, application will not be considered.**
6. If you have any questions about the application, contact us by email at calderonecaringfoundation@gmail.com.

PURPOSE The Christopher and Armand Medical Scholarship was established in 2019. The mission of the scholarship is to provide financial assistance to individuals enrolled for undergraduate study pursuing medical and social services professions.

FINANCIAL ASSISTANCE is based on academic performance, participation in community volunteer hours, and essay.

SCHOLARSHIP AWARDS

The Calderone Caring Foundation awards up to two (2) \$2,500 scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include but are not limited to the following: Academic Accomplishments, Community Service, and Personal Essay. Scholarship funds are paid directly to the college, trade school or university.

CRITERIA

- Applicants must live within Pennsylvania state borders.
- Applicants must have permanent residence status in Pennsylvania and must be a permanent resident of the United States.
- Applicants must be a graduating High School Senior.
- Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 3.2 or higher.
- Applicants must be accepted as a full-time student at a college, university, or trade school program for the upcoming academic semester.
- Applicants must complete and submit a Scholarship Application **postmarked by Wednesday, April 30, 2025**
- Applicants must complete a 2-page essay on **“What inspired me to go into Medical/Social Services Field and what long-term goal(s) would I like to pursue?”**.

Application Process

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form.
- Proof of acceptance at an academic, vocational, or technical school for post-secondary studies.
- Proof of GPA
- A minimum 2-page essay: Times New Roman Size 12.

Deadline for the application is **Wednesday April 30, 2025**. Applications postmarked after this date will not be considered.

Please Email or submit application to: Calderonecaringfoundation@gmail.com

Please mail OR submit application to:

All mailed applications must be single side. DO NOT STAPLE APPLICATION

Calderone Caring Foundation
Christopher and Armand Scholarship Program
1223 Country Club Road
Monongahela, PA 15063

Application must be filled out by applicant.

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| Please type or print your answers below. A separate sheet may be used if needed. If application is illegible, it will not be considered. | |
| 1. | Last Name: _____ First Name: _____ |
| 2. | Mailing Address: _____ _____ _____ |
| 3. | Daytime Telephone Number: _____ Email address: _____ |
| 4. | Current High School: _____ Graduation date: _____ |
| 5. | I will be attending the following school in the Fall of 2025: Address/ Phone: _____ Will you be a full-time student? Y or N _____ |
| 6. | Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____ |

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| 7. | What specialty/major do you plan to major in as you continue your education? * |
| *Applicants will be chosen based on Medical/Social Services type Degrees. | |
| Please list the following information on a separate sheet if needed. | |
| 8. SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. | |
| 9 ORGANIZATIONS: Please list community organizations in which you are now active or have previously been active. Note leadership roles and dates. | |
| 10 RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date. | |
| The following criteria must be met for the application to qualify to be reviewed by the scholarship committee. Your application will not be considered if these items are not attached to this application. (No exceptions.) | |
| Circle "YES" or "NO" to be sure you have completed and attached each item as required. | |
| YES NO Application complete YES NO Proof of GPA YES NO Proof of college acceptance or current student enrollment. A letter of college enrollment or program enrollment is required for receipt of funds. YES NO 2-page essay on "What inspired me to go into the Medical/Social Service Field and what long-term goal(s) would I like to pursue in that field?" | |

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Calderone Caring Foundation Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Calderone Caring Foundation "Christopher and Armand Scholarship" Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____

Date: _____

The deadline for this application must be postmarked or emailed by Wednesday April 30, 2025. No exceptions!