



## **Anne Ceasar Endowed Scholarship** **“ACES”**

*Rising 7th -12th grade*

### **Requirements:**

1. Attach an official school transcript to the Anne Ceasar Endowed Scholarship Application.
2. Secure two (2) sealed letters of recommendation from MCPS teachers, coaches, or club advisors.
3. Request a letter of recommendation from your Priest, Preacher or Church Youth Director sent to the  
“Anne Ceasar Endowed Scholarship”  
c/o Montgomery Catholic Preparatory School  
5350 Vaughn Road  
Montgomery AL 36116
4. Request a sealed letter of recommendation from your campus principal.
5. Complete the scholarship application.
6. Submit complete application packet to the Business Office by noon March 15, 2021.



## **Anne Ceasar Endowed Scholarship (ACES)**

### **About the Scholarship:**

Established in June 2020 upon the retirement of the school's third President, Anne Ceasar. Endowed by Montgomery Catholic Preparatory School, the Ceasar family, friends and the larger MCPS community as a tribute to Mrs. Ceasar's 16-year career and devotion to the school, as well as her faithfulness to tuition assistance and Catholic education.

### **Amount of the Scholarship:**

The Anne Ceasar Endowed Scholarship (ACES) is awarded annually to one student in current grades 7-11 that has been enrolled at Montgomery Catholic Preparatory School for a period of at least two (2) years. The ACES scholarship will provide at least a half tuition scholarship annually.

### **Qualifications for this Scholarship:**

For the purpose of this scholarship, the criteria are:

1. The student must have been a student at MCPS for at least 2 years.
2. The student must be enrolled for the upcoming academic year.
3. The student and family should exhibit the following traits:
  - A Academic average of C or above
  - C Church involvement
  - E Engagement of the student in MCPS clubs, activities, or sports. Parents/Guardians also need to exhibit support of the school through their volunteerism and participation in parent organizations that support the school or student organizations.
  - S Service should be part of the student's daily life, at MCPS, his/her church, and community.

### **Selection Committee:**

There are 5 members of the selection committee established by the Ceasar family.

**Application Deadline:** March 15, 2021

**Announcement of the Award:** The recipient of the ACES Scholarship will be announced in May.



MONTGOMERY  
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## Anne Ceasar Endowed Scholarship Application

### Applicant Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Church/Parish Membership: \_\_\_\_\_

### Club Memberships:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Athletic Teams/Band Memberships and Dates of Affiliation:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Community Service Activities and Dates of Affiliation:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian MCPS Service Activities and Approximate Dates of Service:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# Montgomery Catholic Preparatory School

## Letter of Recommendation

**Instructions:** We appreciate your willingness to help us get to know the applicant for the award in a fuller way. We ask that you be candid with us, so that we can fairly assess the applicant's strengths and weaknesses.

It is our desire that this recommendation be kept confidential. Once you are finished with this form, we ask that you **seal it in an envelope** and on the back of this envelope, **across the seam, sign your name**. This signature will be cross-referenced with the signature on this application for verification purposes.

Once this is complete, **please return the sealed envelope to the applicant**, who has been asked to turn the recommendation as part of a completed packet.

### General Information

Name of applicant for recommendation: \_\_\_\_\_

Name of recommender: \_\_\_\_\_

Address of recommender (street, city and zip) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please rate the applicant on a scale of 1-5, 5 being the highest or best  
 (If no knowledge, label N/A):

\_\_\_\_\_ Commitment to his or her faith

\_\_\_\_\_ Commitment/Loyalty to family

\_\_\_\_\_ Academic commitment

\_\_\_\_\_ Commitment to a moral life

\_\_\_\_\_ Politeness/Courtesy

\_\_\_\_\_ Ability to get along with peers

\_\_\_\_\_ Volunteerism/Service to others

\_\_\_\_\_ Leadership of peer group

Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_