Sister Mary Agnes McCann Scholarship Award Application

The Sister Mary Agnes McCann Scholarship was established in 1926 by the Alumnae Association of Mount St. Vincent-Mount St. Joseph Academies in honor of Sister Mary Agnes McCann. The Alumnae Association awards scholarships to those students who meet eligibility requirements and are recommended by an alumna from either academy. Amounts of the awards vary each year.

Eligibility:
- Any new entering student who is a relative of a Mount St. Vincent-Mount St. Joseph Academy Alumna (not Mount St. Joseph University aka College of Mount St. Joseph).

Application Process:
- If possible have an alumna sponsor submits a typed letter of recommendation.
- Applicant submits a typewritten essay, two pages or less, stating why application for the scholarship is being made and how education at the Mount will benefit him/her. High school honors, awards, recognitions and extracurricular activities should be included.
- Mail the completed application, alum letter of recommendation and student essay to the Office of Admission, Mount St. Joseph University, 5701 Delhi Road, Cincinnati, OH 45233.

Restrictions:
- The scholarship may be renewed up to eight (8) consecutive semesters or four (4) years, provided the recipient is enrolled as a full-time undergraduate student.

ALL MATERIALS ARE DUE JANUARY 31. Applications are complete only when all materials have been received. Incomplete applications will not be considered.

Please type or print neatly.

Name _________________________ Date ____________________________

Address ______________________________

Street City State Zip

Date of Birth __________________________ Phone (___) __________

High school attended ___________________________ Intended major ___________________________

Name of relative who is Mount St. Vincent-Mount St. Joseph Academy Alumna __________________________

Relationship to Applicant _______________________________________________________________________

Signature of Applicant _________________________________________________________________________

RELATIVE

Alumna Relative ___________________________ Year of Graduation of Alumna ______

Address ______________________________

Street City State Zip

Signature of Relative (if available) : __________________________________________