



**Sylvester and Tessie  
Kaminski Foundation  
South Bend, Indiana  
High School Scholarship Application  
For School Year 2025-2026**

**Applicant Eligibility Requirements**

Planning to attend Marian or St. Joseph's High School located in St. Joseph County, IN.

Must be a citizen of the United States or have proof of pending naturalization.

Must be a non-married resident of St. Joseph County, IN who is not financially or legally responsible for any dependents.

Be of Polish ancestry.

Practicing member of the Catholic Church.

Demonstrated need for financial assistance to attend High School.

Good academic standing.

**General Information and Check List**

**Must apply for FACTS Management Grant in aid through the high school financial office.**

The financial aid information gathered from this system will be shared by your respective school with the Foundation once you have applied with us.

Student is applying for a one-year scholarship based on **academic merit** and **on need** (award amounts vary). A renewal is possible, but not assured.

**Please complete an application for each student seeking a scholarship.**

**Application packets should include the following items (incomplete packets will not be considered):**

1. Official transcript for fall semester of 2024-25.
2. Record of attendance for Fall Semester 2024-25.
3. FACTs information for applicant.

Student should **present completed application to Counselor or Financial Aid Officer for signature** and inclusion of transcript, review and mailing. Please note that the signature of a Counselor or Financial Aid Officer is required on the application. **Do not use staples. The school must mail this application.**

Counselor or Financial Aid Officer should use the above checklist to make certain that all data has been completed (including all three signatures) and sent. **DEADLINE: Must be delivered to the counselor or Financial Aid Officer no later than April 25, 2025. No exceptions. ONLY COMPLETE AND ON TIME APPLICATIONS WILL BE CONSIDERED!**

Please send original application if possible and for your own records, make a photocopy of your application before submitting it.

**Name of Applicant** \_\_\_\_\_  
 Last First Middle

**Applicant's Home Address** \_\_\_\_\_  
 Street (NO PO Boxes) City State Zip

|  |                           |                                 |                                  |
|--|---------------------------|---------------------------------|----------------------------------|
| Telephone#   | Marital Status            | <input type="checkbox"/> Single | <input type="checkbox"/> Married |
| Email:   |                           |                                 |                                  |
| Birthplace (city/state)                              | Catholic Parish of Record |                                 |                                  |
| Date of Birth  | Gender                    | <input type="checkbox"/> M      | <input type="checkbox"/> F       |
| Social Security # (MUST HAVE TO COMPLETE PROCESSING) |                           |                                 |                                  |

**Parental/Guardian Information**

|   |  |
|---|--|
| Parents (check if living)<br><input type="checkbox"/> Father <input type="checkbox"/> Stepfather<br><input type="checkbox"/> Mother <input type="checkbox"/> Stepmother | Are living parents (check all that apply)<br><input type="checkbox"/> Married<br><input type="checkbox"/> Divorced <input type="checkbox"/> Remarried – Father<br><input type="checkbox"/> Remarried – Mother<br><input type="checkbox"/> Single, Never Married <input type="checkbox"/> Separated |
| <b>Father or Male Guardian</b>  | <b>Mother or Female Guardian (Maiden Name)</b>   |
| Name Age  | Name Age   |
| Home Address  | Home Address   |
| Name and address of employer  | Name and address of employer   |
| Nature of business  | Nature of business   |
| Occupation (be specific) Years with firm _____  | Occupation (be specific) Years with firm _____   |
| Total Gross Income for 2024 (as reported on tax form)\$ _____   | Total Gross Income for 2024 (as reported on tax form)\$ _____  |

**Makeup of Household**

| List all children, Applicant's name first | Age | Living with Family? | Name of present school, college or occupation | Year in school |
|---|-----|---------------------|---|----------------|
|   |     | Y N                 |   |                |
|   |     | Y N                 |   |                |
|   |     | Y N                 |   |                |
|   |     | Y N                 |   |                |
|   |     | Y N                 |   |                |
|   |     | Y N                 |   |                |

**Do you have a connection with any of the following organizations?**

(Circle all that apply and explain below)

Chopin Fine Arts Daughters of Isabella M.R. Falcons Z.B. Falcons Knights of Columbus

**Family** (Please fill in all boxes completely with **names**)

|                                    |                                    |
|------------------------------------|------------------------------------|
| Paternal Grandfather               | Maternal Grandfather               |
| Paternal Grandmother (Maiden Name) | Maternal Grandmother (Maiden Name) |

To which Catholic High School have you applied for admission or are you attending? (Check one)  
 Marian       St. Joseph

What is the High School's annual tuition fee? \$ \_\_\_\_\_

Name of school now attending. \_\_\_\_\_

Are there any unusual circumstances or issues of concern that you wish the Foundation to consider when reviewing your application?  Yes  No If Yes, Please list them on the back of this form.

Review the Instructions on the first page to insure that your Application Package is complete. ALL questions must be answered in FULL. ***Incomplete applications will not be considered.*** Give your counselor/teacher ample time to complete their portion and still meet the deadline.

**DEADLINE: Must be delivered to the counselor or Financial Aid Officer no later than April 25, 2025. No Exceptions.**

The Foundation annually publishes the names, city of residence and high schools attending of those students who receive our scholarships. Should you receive a scholarship from us, do we have your permission to release this information to the media or post on social media (Facebook)?  Yes  No

***All information is strictly confidential***

Please direct any questions to: Mark A. Klota, Scholarship Chair  
sylvestertessiekaminski@gmail.com

or

**Sylvester and Tessie Kaminski Foundation  
Attn: Mark A. Klota, Scholarship Chair  
Post Office Box 4339  
South Bend, IN 46634-4339**

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counselor or Financial Aid Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Revised 12/24

