DAVID DEMPSEY MEMORIAL SCHOLARSHIP FATHER MCGIVNEY CATHOLIC HIGH SCHOOL

PURPOSE:

The David Dempsey Memorial Scholarship is a \$1,000 tuition scholarship to Father McGivney Catholic High School (FMCHS) awarded annually. The goals of the David Dempsey Memorial Scholarship are to encourage families to purchase and maintain life insurance for the benefit of their families and children, and to encourage Catholic School high school education.

ELIGIBILITY CRITERIA:

All eligible students must meet the following criteria:

- Applicant must be a student accepted for enrollment by FMCHS and enrolled for his/her senior year (or younger if no seniors apply) in the 2024-25 school year;
- Applicant must be a registered member of any Catholic Church parish located within the State of Illinois;
- Applicant's father must be a current member in good standing of a Knights of Columbus Council located within the State of Illinois; and
- Applicant must have a current and in-force, fully paid-up permanent or whole life insurance policy issued through the Knights of Columbus (subject to verification).

Family or relatives of the members of the Scholarship Selection Committee are not eligible to apply for the David Dempsey Memorial Scholarship.

AWARD DETAILS:

The Scholarship Selection Committee shall award the David Dempsey Memorial Scholarship to the applicant meeting all the eligibility criteria. The scholarship shall be awarded to an eligible applicant whose father obtained and has maintained a permanent or whole life insurance policy issued by the Knights of Columbus in the name of the Applicant that is current, in-force, and fully paid for the longest period of time (based on policy issuance date) of all eligible applicants.

In the event two or more applicants meet all the eligibility criteria, including in-force policies issued on the same date, the lowest policy number shall be considered the tie-breaker.

The Scholarship Selection Committee shall pay the \$1,000 scholarship award directly to FMCHS, to be applied to the recipient's tuition account for the Fall Semester of the upcoming school year (2024-25).

In the event no applicants meet the Eligibility Criteria in any given year, the Scholarship Selection Committee may elect to withhold or award the scholarship according to alternate criteria established from time to time in its sole discretion.

APPLICATION / AWARD SCHEDULE:

The application period opens on January 12, 2024. Applications are available at the Student Services Office.

Applications must be received by the Scholarship Selection Committee no later than March 15, 2024. Entries received after the deadline will not be considered. All applications will be reviewed, verified, and awarded by the Scholarship Committee.

The Scholarship winner will be notified in writing by the Scholarship Selection Committee.

Award Date – no later than April 5, 2024

SCHOLARSHIP SELECTION COMMITTEE:

Michelle Dempsey David Dempsey, Jr. President of FMCHS Principal of FMCHS

All decisions of the Scholarship Selection Committee involving this scholarship shall be final and binding on all scholarship applicants and all interested parties.

DAVID DEMPSEY MEMORIAL SCHOLARSHIP

APPLICATION FORM (2024-25 Award Year)

The David Dempsey Memorial Scholarship is awarded in the amount of \$1,000.00 to an incoming student currently enrolled at Father McGivney Catholic High School as a student entering his/her senior year (or younger if no seniors meet the criteria).

Please return the completed application to the Student Resources Center via email (or to the school office) to: bmadura@mcgivneygriffins.com with Scholarship Application in the subject line, or via postal mail addressed to:

David Dempsey Memorial Scholarship Committee Chair Father McGivney High School 7190 Bouse Rd. Glen Carbon, IL 62034 (618) 855-9010

Student Name & Grade in school year 24/25:

Home Address:		
Email address:		
Call Diamen	II DI	
Cell Phone:	Home Phone:	
Family Information:		
Applicant's Home Parish:		

Father's local council of the Knights of Columbus (including Council Number):	
Contact Name:	
Applicant's K of C Permanent Life Insurance Policy Information:	
Policy Number:	
Issued on:	
I hereby certify that all the information in this Application Form is accurate and co	mplete. I
hereby give the Scholarship Selection Committee permission to investigate and ver	rify any of the
information contained within this application. I understand that all the information	contained in
this form will be treated confidentially and will be used for institutional purposes of	nly. If
awarded a scholarship, the David Dempsey Memorial Scholarship Committee and	FMCHS may
utilize this information for academic and/or promotional related issues in reference	to the
scholarship. I understand that any false statements, omissions, or other misreprese	ntations made
on this application or in connection with my eligibility may result in the revocation	and
rescission of this scholarship.	
I certify that the above information is complete and accurate:	

Print Name: _				
Date:				
<u>Parent / Guar</u>	rdian Signature (if	Applicant is ur	ider 18 years of ag	<u>e)</u>
Print Name: _				
Date:				