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# Application for The Ginart Family Scholarship Sponsored by The Spirit of St. Bernard Foundation

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## **AGREEMENT:**

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1. The value of the said scholarship is for the amount of \$625 per semester for eight (8) semesters so long as the recipient fulfills the following criteria:
  - a. Maintains a GPA of 2.0 overall or better.
  - b. Maintains a status of full-time student as defined by the university, community, technical or vocational college attended by the recipient.
  - c. Recipient must attend a degree granting university, community, technical or vocational college.
2. Failure to maintain a 2.0 average or maintain full-time status will result in the loss of scholarship, except for extenuating circumstances, said circumstances to be approved by the Scholarship Committee. If the recipient fails to maintain a 2.0 cumulative GPA, then the recipient shall be placed on scholarship probation. To have his/her scholarship reinstated after being placed on probation, the recipient must earn a 2.0 GPA for each semester thereafter until the cumulative GPA is 2.0 or higher. Once the cumulative GPA is 2.0 or higher, the scholarship probation will be lifted.
3. All scholarship recipients shall submit to the Scholarship Committee his/her grades after the conclusion of each semester. Failing to meet this requirement may result in the withholding of any future award.
4. All GPA information shall be provided in accordance with the guidelines established by the Scholarship Committee prior to the awarding of the scholarship stipend for the subsequent semester.
5. If selected for this scholarship award, the recipient shall be required to submit to the Scholarship Committee a W-9 in accordance with IRS Code and the taxability of such award will be the responsibility of the recipient.
6. If the applicant is under the age of eighteen (18), a parent or guardian shall co-sign the application.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## **QUALIFICATIONS:**

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1. The applicant must be a resident of St. Bernard Parish for the past three (3) years.
2. The applicant must be a graduating high school senior from Chalmette High School in St. Bernard Parish.
3. The applicant must intend to enroll in an accredited four-year college or university, or in an accredited community, technical or vocational college.
4. The applicant's overall GPA must be the equivalent of a 3.0 or better on a 4.0-point scale.

## **APPLICATION REQUIREMENTS:** *(all information must be typewritten or computer-generated)*

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- Complete the Application Form, including the list of athletic activities and the statement on your interest in obtaining a Spirit of St. Bernard Foundation Ginart Family Scholarship.
- Obtain a signature from a school counselor or other person authorized to verify your GPA, ranking, and ACT scores.
- Obtain a signature from one of the School Coach's verifying your involvement in sport activities.

## **SCHOLARSHIP SCORING CRITERIA:**

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1. Athletic Participation (Minimum 2 Year Letter)	60%
2. GPA/Class Ranking	20%
3. Scoring on Standardized National Test	20%

## **NOTE:**

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The application package must be mailed to the Spirit of St. Bernard Foundation.

<p style="text-align: center;"><b>Deadline for submitting application package: March 27, 2026</b></p>
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## **CONTACT INFORMATION:**

Mail Application to:

The Spirit of St. Bernard Foundation  
Scholarship Committee Chairman  
P.O. Box 212  
Arabi, La. 70032

For additional information contact [Scholarships@thespiritofstbernardfoundation.org](mailto:Scholarships@thespiritofstbernardfoundation.org)  
or Shirley Pechon (504-250-3641) or Robert Showalter (504-616-7312).

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*(Please type all data)*

NAME \_\_\_\_\_  
*Last First Middle*

HOME ADDRESS \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip Code*

HOME PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NUMBER OF YEARS RESIDENT of ST. BERNARD PARISH \_\_\_\_\_

NAME of HIGH SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip Code*

SCHOOL PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

PRINCIPAL'S NAME: \_\_\_\_\_

SENIOR COUNSELOR'S NAME: \_\_\_\_\_

NON-WEIGHTED G.P.A. \_\_\_\_\_ *(no higher than 4.0) DO NOT ENTER WEIGHTED G.P.A.*

ACT COMPOSITE SCORE \_\_\_\_\_

COUNSELOR'S INITIALS \_\_\_\_\_

ENGLISH \_\_\_\_\_

MATH \_\_\_\_\_

SCIENCE \_\_\_\_\_

READING \_\_\_\_\_

INTENDED MAJOR \_\_\_\_\_

ARE YOU ENROLLED IN HONOR COURSES? \_\_\_\_\_



