



National Alumni Association  
3800 Victory Parkway  
Cincinnati, Ohio 45207-7760

# Legacy Scholarship Application



Xavier University National Alumni Association Legacy Scholarship awards are made possible through revenue generated from alumni and friends purchasing Xavier license plates as part of the **State of Ohio Collegiate License Plate Program** ([www.xavier.edu/licenseplate](http://www.xavier.edu/licenseplate)). These awards are made to full time incoming freshman students who are beginning their Xavier studies in the fall term. The selection committee looks at the applicant's leadership and service activities, and a completed essay of a minimum of 300 words on the topic: ***Give an example of a time when your family truly lived the Jesuit ideals of service.***

**Two (2) \$3,000 renewable Legacy Scholarships are awarded to qualifying Xavier undergraduates who are lineal descendants (children or grandchildren) of Xavier graduates.**

These awards are valued at \$1500.00 per semester for eight (8) consecutive semesters, provided the recipient maintains full-time status and a minimum cumulative grade point average of 2.0 at Xavier University. **This is a tuition restricted scholarship.**

## Student Information

Name \_\_\_\_\_

Address Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_

Telephone City \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail Address \_\_\_\_\_ High School \_\_\_\_\_

## To be completed by the Xavier legacy graduate

Name \_\_\_\_\_ Class year (s) \_\_\_\_\_

Address Last \_\_\_\_\_ First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_

Telephone City \_\_\_\_\_ State \_\_\_\_\_ Relationship to the Applicant: \_\_\_\_\_ Zip code \_\_\_\_\_

Special family circumstances concerning the above applicant that the committee should consider: (Use back of form if needed.)

- Sibling (s) in college \_\_\_\_\_  Sibling (s) in Catholic schools K-12 \_\_\_\_\_
- Single and/or disabled or unemployed parent. Explain: \_\_\_\_\_
- Extraordinary medical expenses not covered by insurance. Explain: \_\_\_\_\_
- Other. Explain: \_\_\_\_\_

I am interested in serving on:

- National alumni chapter
- Reunion class committee
- Parents advisory council
- Parent Alumni Recruitment Team (PART)
- Other

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Xavier alumna/us

Date: \_\_\_\_\_

## DEADLINE: February 1 (Hand Deliver, Postmark or Fax by date) Please attach:

Entering fall term: \_\_\_\_\_

Please return to:

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Legacy Scholarship  
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- Résumé of leadership and service activities (one page typed)
- Essay: Minimum of 300 words:  
***Topic: Give an example of a time when your family truly lived the Jesuit ideals of service.***

FAX: 513-745-2083