



## **The Barry & Bob Robichaux Memorial Scholarship**

### ***K-12 New or Current Student***

The first preference will be given to the family members of Barry & Bob Robichaux. If none are available, the scholarship will be made available to the public with the following requirements.

#### **Requirements:**

1. Must be Catholic.
2. Provide a copy of the student's most recent report card.
3. Secure two (2) sealed letters of recommendation from the Pastor of their Parish and a teacher/coach/friend (see recommendation form below).
4. Complete the application.
5. Submit complete application packet to the Business Office by noon March 15.



## **The Barry & Bob Robichaux Memorial Scholarship**

### **About the Scholarship:**

The Barry & Bob Robichaux Memorial Scholarship was established in October 2020 in memory of Barry & Bob Robichaux by their Montgomery Catholic alumni children, Michele Robichaux ('94), Robbie Robichaux ('94), Richie Robichaux ('98), and Ryan Robichaux ('00), and by gifts made to Montgomery Catholic Preparatory School, in their memory. The scholarship seeks to honor their legacy in the Catholic faith and the belief that Catholic education is central to formation, creating the roadmap for living the Catholic faith.

### **Amount of Award:**

The Barry & Bob Robichaux Memorial Scholarship will be awarded annually. The Scholarship amount will be up to half-tuition. Endowment earnings and donations shall be used to award the scholarship to a Catholic student who will attend any Montgomery Catholic campus in grades K5-12 for the following academic year.

### **Qualifications for this Scholarship:**

1. Preference will be given to families living their Catholic faith and striving to educate their children in Catholic Schools.
2. The student indicates a serious commitment to learning.
3. The student exhibits positive Christian characteristics.
4. The student is new or currently enrolled for the fall in grades K5-12 at Montgomery Catholic Preparatory School
5. The family demonstrates financial need.

### **Selection Committee:**

The selection committee will be made up of the President of MCPS, the Pastor of St. Bede Parish and the Pastor of Holy Spirit Parish.

**Application Deadline:** March 15

**Announcement of the Award:** The recipient of the Barry & Bob Robichaux Memorial Scholarship will be announced in May.



## The Barry & Bob Robichaux Memorial Scholarship

### Applicant Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ MCPS Campus for next school Year: \_\_\_\_\_

Catholic Parish Membership: \_\_\_\_\_

Number of Children in family: \_\_\_\_\_

Number of Children enrolled in Catholic schools: \_\_\_\_\_

Student Applicants: please answer the following questions, which may be completed on a separate sheet of paper if needed.

1. Why do you think your parents chose to send you to a Catholic school?

2. Who is your favorite Saint and why?

3. How does (or will) Montgomery Catholic help you & your family live your Catholic faith?

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



## Montgomery Catholic Preparatory School

### Letter of Recommendation

**Instructions:** We appreciate your willingness to help us get to know the applicant for the award in a fuller way. We ask that you be candid with us so that we can fairly assess the applicant's strengths and weaknesses.

We desire that this recommendation be kept confidential. Once you are finished with this form, we ask that you **seal it in an envelope**, and on the back of this envelope, **across the seam, sign your name**. This signature will be cross-referenced with the signature on this application for verification purposes.

Once this is complete, **please return the sealed envelope to the applicant or mail to MCPS Scholarships Attn: J VanAlst 5350 Vaughn Road, Montgomery, AL 36116.**

#### General Information

Name of applicant for recommendation: \_\_\_\_\_

Name of recommender: \_\_\_\_\_

Address of recommender (street, city and zip) \_\_\_\_\_

\_\_\_\_\_

Phone number of recommender: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please rate the applicant on a scale of 1-5, 5 being the highest or best (If no knowledge, label N/A):

\_\_\_\_\_ Commitment to his or her faith

\_\_\_\_\_ Commitment/Loyalty to family

\_\_\_\_\_ Academic commitment

\_\_\_\_\_ Commitment to a moral life

\_\_\_\_\_ Politeness/Courtesy

\_\_\_\_\_ Ability to get along with peers

\_\_\_\_\_ Volunteerism/Service to others

\_\_\_\_\_ Leadership of peer group

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**Please tell us 3 characteristics that you have observed that make this student a good candidate for The Barry & Bob Robichaux Memorial Scholarship.**

1.

2.

3.

Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_