



## SANTA MARGARITA EAGLE FOUNDATION

A FOUNDATION FOR SANTA MARGARITA CATHOLIC HIGH SCHOOL

### The Tom Smith Can-Do Scholarship Application

Deadline for Submission: **January 9, 2024**

The Smith family is honored to be offered the opportunity to present this scholarship. We have been fortunate to have our two children graduate from SMCHS. SMCHS and the SM Eagle Foundation started this scholarship after Tom Smith, who began working at SMCHS in 1987, became the longest serving SM employee. Tom's "Can do" spirit and willingness to help anyone on campus is inspirational and treasured by all.

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#### CRITERIA FOR SELECTION

The Smith family has established the following scholarship criteria:

- Demonstrate financial need - **FACTS Application required.**
- Embrace our faith and live out our charism: Caritas Christi.
- Value education and maintain a minimum cumulative academic GPA of 3.0.
- Demonstrate active participation in the SMCHS Performing Arts program.
- Completion of the Can-Do Scholarship Application.
- The scholarship recipient will write an acknowledgement letter to the SM Eagle Foundation.

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

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

GPA: \_\_\_\_ ☐ Freshman next year (Class of 2028) ☐ Sophomore next year (Class of 2027)

☐ Junior next year (Class of 2026) ☐ Senior next year (Class of 2025)

**IN THE SPACE BELOW, PLEASE ANSWER THE FOLLOWING QUESTIONS.** (You may attach additional sheets of paper if necessary.)

How do you live out our charism, Caritas Christi? \_\_\_\_\_

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Give examples how your actions reflect the core principles of Caritas Christi: \_\_\_\_\_

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Describe your participation in the SM Performing Arts Department: \_\_\_\_\_

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Please briefly describe the reason there may be a need of financial assistance:

**Student or Parent can complete this question.**

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If I am selected as a recipient of The Can-Do Scholarship I pledge to be in good standing at SMCHS and make every effort to be a model student in all regards. I hereby affirm that the answers and statements on this application are true and correct.

Student's signature: \_\_\_\_\_

For more information, contact the Foundation Office at 949-766-6080 or  
advancement@smeaglefoundation.org, or contact Kaylee Sirignano at  
sirignanok@smeaglefoundation.org

**Completed applications are due to the Foundation Office by 1/09/2024.**