



**Christopher D. Corbett Memorial Fund Inc.**

P.O. Box 4603  
Waterbury, Connecticut 06704

April 1, 2019

Dear Catholic School Families:

The Christopher D. Corbett Memorial Fund, Inc. honors the memory of Waterbury Police Department Deputy Chief Christopher Corbett by continuing to foster the education of the Greater Waterbury parochial school student. The memorial fund provides scholarships to children attending Greater Waterbury parochial schools.

Chris recognized the value of his Catholic school education and its contribution to his professional success. Throughout his career, he continued to give back to the city's Catholic schools. He served on the Holy Cross High School Board of Directors, the Blessed Sacrament Grammar School Board of Directors, and was honored by Sacred Heart High School in 2013 with the Sisters of Mercy Public Service Award. Chris also supported the "Little Flower Fund", which provides funds to local parochial grammar schools.

The Chris Corbett 5K Race has been organized as a tribute to Chris' love of running and to carry on his support of Greater Waterbury Catholic schools and their students.

With the continued success of our annual 5K road race, the Board of Directors has decided to award \$6,000.00 in scholarships for the 2019-2020 academic year!



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For 2019-2020 Academic School year, the Christopher D. Corbett Memorial Fund Inc. will be awarding the following scholarships:

High Schools

Sacred Heart High School - Waterbury	\$1,000.00
Holy Cross High School - Waterbury	\$1,000.00
Mercy High School - Middletown	\$1,000.00

Grammar Schools:

Catholic Academy of Waterbury	\$500.00
Our Lady of Mount Carmel - Waterbury	\$500.00
SS. Peter and Paul - Waterbury	\$500.00
St. Mary Magdalen School - Oakville	\$500.00
St. John's - Watertown	\$500.00
St. Bridget's – Cheshire	\$500.00

The application process begins on April 1, 2019 and ends on May 3, 2019.

Awards will be communicated by May 24, 2019, and each Catholic school Business Manager will receive the funds directly at the beginning of the 2019-2020 academic year.

Sincerely yours,

Christopher D. Corbett Memorial Fund, Inc.  
Board of Directors



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## Section 1

### Christopher D. Corbett Memorial Scholarship Fund Inc. Scholarship Application

#### Personal Information

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City Zip Code

Date of Birth: \_\_\_\_\_  
Month Day Year Age

Contact: \_\_\_\_\_  
Phone Email

#### Family Information

Mother/Guardian: \_\_\_\_\_  
Name Occupation Employer

Father/Guardian: \_\_\_\_\_  
Name Occupation Employer

Siblings: \_\_\_\_\_  
Number Age(s) School(s)



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**Academic Information**

Catholic School: \_\_\_\_\_ Fall 2019 Grade Level: \_\_\_\_\_

Average Letter Grade (Elementary School Students): \_\_\_\_\_

Cumulative Grade Point Average (GPA) (High School Students Only): \_\_\_\_\_

School Business Manager: \_\_\_\_\_

**\*\*Must provide copy of current transcripts along with application\*\***

**Graduating eighth grade students may apply for the \$1,000.00 high school scholarship but must list what Catholic high school they will be attending in 2019-2020.**

**Catholic high school I will be attending in 2019-2020** \_\_\_\_\_

**If your Catholic elementary school will be closing at the end of this year, please indicate what Catholic elementary or middle school you will be attending in 2019-2020. Your scholarship will be sent to your new school at the beginning of the school year.**

**Catholic school I will be attending in 2019-2020:** \_\_\_\_\_

**Financial Information**

Mother/Guardian Annual Salary: \_\_\_\_\_

Father/Guardian Annual Salary: \_\_\_\_\_

Other Scholarships Earned for 2019-2020 Academic Year:

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Name/Amount	Name/Amount	Name/Amount
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## Section 2

### Christopher D. Corbett Memorial Scholarship Fund Inc. Scholarship Application

Please list below the ways in which you are currently active in your community, or have been active during the past year. (If more space is needed, please attach a separate sheet.)

Organization: \_\_\_\_\_ Dates From/To: \_\_\_\_\_  
Service Provided: \_\_\_\_\_  
Total Hours of Service: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates From/To: \_\_\_\_\_  
Service Provided: \_\_\_\_\_  
Total Hours of Service: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates From/To: \_\_\_\_\_  
Service Provided: \_\_\_\_\_  
Total Hours of Service: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates From/To: \_\_\_\_\_  
Service Provided: \_\_\_\_\_  
Total Hours of Service: \_\_\_\_\_

#### Letter of Recommendation

One letter of recommendation is required. Letter of recommendation should provide testimony of your commitment to making a difference. Letter must be written by a member of the school faculty or Parish Priest/Deacon

#### Essay/Thoughts:

On a separate sheet of paper, write a one- to two-page essay answering the following questions:

1. **How have your Catholic education and values made a difference in your life?**
2. **Describe an experience you had helping others and explain what made it rewarding.**



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## **Section 3**

### **Christopher D. Corbett Memorial Scholarship Fund Inc. Scholarship Application**

#### **Certification**

I certify that all information provided on this application and all supporting documents are accurate and complete. I understand that any misleading or false information will result in my application being disqualified. In addition, I give permission to the Scholarship Committee to duplicate my Application Packet for processing and evaluation purposes. I understand that the scholarship is awarded at the discretion of the Scholarship Committee.

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Signature (Parent or legal guardian if under 18)

Date

#### **Media Release Authorization**

If selected as a scholarship recipient, I hereby authorize and give full consent for the use of my name and photograph by the Christopher D. Corbett Memorial Fund, Inc. for any and all promotional and publicity purposes. My consent shall include, but not be limited to, the publication of my name and photograph on the website of the Christopher D. Corbett Memorial Fund, Inc., its Facebook page, and any and all other social media. This authorization and consent shall continue until revoked by me in writing.

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Signature (Parent or legal guardian if under 18)

Date



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Scholarship Application**

**APPLICATION CHECKLIST:**

\_\_\_\_\_ **Completed Application (Personal Information, Academic Information, Family Information, Financial Information, and Certification and Media Release Authorization)**

Do not leave information blank. If your answer is “no”, “none”, or “not applicable”, please state as such. Please type your entry if possible, or print legibly in ink. Be sure to include copy of current school transcripts.

\_\_\_\_\_ **Activity List: Place directly behind the Application.**

If more space is needed, please attach a separate sheet.

\_\_\_\_\_ **Letter of Recommendation: Place directly behind Activity List.**

One Letter of Recommendation is required. Recommendation letter is to be sent to you; make sure you receive a Recommendation before submitting your Application Packet. Letter must be written by a member of school faculty or Parish Priest/Deacon.

\_\_\_\_\_ **Essay/Thoughts: Place directly behind Letter of Recommendation.**

Write a one- to two-page essay answering the following questions:

- 1. How have your Catholic education and values made a difference in your life?**
- 2. Describe an experience you had helping others and explain what made it rewarding.**



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**Once you have assembled your Packet, double-check your list. Make a copy for your records.**

**All Application Packets will be picked up from schools on Friday, May 3, 2019.**

**For assistance or clarification, please call:  
Tom Corbett @ (203) 753-6193**

**\*Note: Application Packets that are incomplete or not received by the deadline are subject to disqualification.**