



# Precious Blood Scholarship Nomination

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**Missionaries of the Precious Blood, Kansas City Province**  
Fr. Al Ebach, C.P.P.S., Scholarship Committee Chairperson

Members and companions of the Missionaries of the Precious Blood continue the charism of the founder, St. Gaspar del Bufalo, preaching renewal and reconciliation. Individuals follow the call of God using their gifts to further the Kingdom of God through their particular apostolates and ministries, always mindful that all are brothers and sisters through the blood of Jesus.

Purpose of the scholarship:

- To provide financial assistance to incoming or current high school or college students who will attend a Catholic institution.
- To acquaint students with members and companions of the Missionaries of the Precious Blood.

Requirements for a scholarship:

Scholarships of \$1000 each are offered to individuals nominated by a member or companion of the Missionaries of the Precious Blood. The scholarship committee will determine the recipients of these scholarships from the following criteria:

1. An individual attending a Catholic institution who was nominated by a Precious Blood member or companion.
2. Involved in service/ministry in parish, community and/or school.
3. Applies him/herself academically.
4. Two letters of recommendation (one from pastor and one from a non-family member).
5. Two part essay:
  - Reasons the student is attending or wishes to attend a Catholic institution.
  - Aspect about the Missionaries of the Precious Blood (spirituality, history or ministries), or share about an interview with a Precious Blood member or companion regarding a ministry he/she is presently involved.

Please fill out the nomination, following the directions on the form. Completed forms should be mailed to:

Fr. Al Ebach, C.P.P.S.  
St. Francis Xavier Church  
2618 Seneca St.  
Saint Joseph, MO 64507-1561

Scanned copies of applications may be emailed to Fr. Al at [alebachcpps@yahoo.com](mailto:alebachcpps@yahoo.com).

Deadline for all materials: May 1.



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Name of the student being nominated \_\_\_\_\_

Your name \_\_\_\_\_

Your Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Your Email \_\_\_\_\_

Telephone \_\_\_\_\_

How long have you known the student you are nominating? \_\_\_\_\_

Please give the reasons for nominating this individual to receive the Precious Blood Scholarship.

Signature \_\_\_\_\_