



OUR MISSION

The Lucy Fernandez Foundation, established in honor and loving memory of Luciana Cristina Fernandez, will provide tuition scholarship, experiential learning and service opportunities for students at Our Lady of Lourdes Academy, her beloved school, to share in what generations of young women like Lucy were fortunate to experience- empowerment and success through the values founded in Tradition, Sisterhood, Spirituality, and Service as well as community-enhancing projects that support unity, connection, and growth and bring people together. "With Mary in all things," the Lucy Fernandez Foundation will continue Lucy's legacy of Faith, Kindness, Hope, and Love.

OUR VISION

The Lucy Fernandez Foundation promotes the enhancement of Catholic educational opportunities for empowered, compassionate, and deserving young women by awarding a four-year High School Tuition at Our Lady of Lourdes Academy in S. Miami, FL to an eligible student who exemplifies Lucy's spirit of faith, kindness, hope, and love, in addition to a volunteer community service grant via BLUE MISSIONS, if applicable, and an International study abroad scholarship, where the student will participate in a three-week summer intensive college prep program at the Universidad de Salamanca, in Spain, if applicable. Through the LOVE LIKE LUCY Scholarship, we hope to encourage faith filled women to share their unique light with the world for a brighter tomorrow for themselves and their communities.

LOVE LIKE LUCY SCHOLARSHIP ELIGIBILITY

TO BE ELIGIBLE FOR THE LUCY FERNANDEZ FOUNDATION'S LOVE LIKE LUCY SCHOLARSHIP AWARD, THE APPLICANT MUST MEET THE FOLLOWING REQUIREMENTS:

- Be an incoming Freshman from a parochial, non-parochial, charter, or public school with a minimum GPA of 3.0 or above, have satisfactory attendance (no more than three unexcused absences), and good conduct.
- Has attended or actively participated in CCD, other faith-based education, or peer ministry programs or has conducted community service or volunteer hours for a local organization(s.)
 - A letter from the organization may be requested as proof of involvement through their current parish or volunteer group.

- Applicant must be eligible for financial assistance from the school, state, or a private grant and share that determination with the Foundation.
- Pass the entrance exam, receive an acceptance letter, and meet all school-related admissions requirements at Our Lady of Lourdes Academy.
- Students and Families must be willing to participate in a formal in-person Interview.

APPLICANT MUST PROVIDE THE FOLLOWING DOCUMENTATION FOR CONSIDERATION:

- Completed Lucy Fernandez Foundation's LOVE LIKE LUCY Scholarship Application, Personal Essay (350-500 words), and photo.
- A copy of official school transcripts or report cards to verify GPA and school attendance.
- One (1) Letter of Recommendation from a Teacher or Principal from the student's current school.
- One (1) personal Letter of Recommendation from a friend, neighbor, or family member. Must be an adult.
- Proof of completion of Community Service through Parish or Service Organizations, upon request.
- Authorization and Consent for the Release of Financial Information, Authorization for Release of Other Information, and Liability Waiver Forms, where applicable.

TO MAINTAIN ELIGIBILITY STATUS UPON AWARD, LOVE LIKE LUCY SCHOLARSHIP RECIPIENTS WILL BE REQUIRED TO UPHOLD THE FOLLOWING THROUGH THEIR FOUR-YEAR HIGH SCHOOL EDUCATIONAL JOURNEY:

- 3.0 GPA or above
- All OLLA Community Service Projects and Volunteer Hours, as required.
- Compliance with OLLA'S Attendance, Satisfactory Disciplinary Conduct, and general Policies and Procedures as outlined in their Student Handbook.
- The recipient must adhere to all terms, conditions and participation requirements for the Blue Missions Organization, and the Universidad de Salamanca including without limitation travel, health and safety protocols where applicable and any other relevant program guidelines.
- Quarterly and Annual Progress Reviews are to be conducted by the Lucy Fernandez Foundation.

CONSISTENT WITH THE LUCY FERNANDEZ FOUNDATIONS'S GOALS AND VISION, SCHOLARSHIPS WILL BE AWARDED ON THE BASIS OF THE APPLICANT'S ESSAY AND APPLICATION, SCHOLASTIC EXCELLENCE, COMMUNITY SERVICE, EXTRACURRICULAR ACTIVITIES, AND LETTERS OF RECOMMENDATION, AMONG OTHERS AS DETERMINED BY THE FOUNDATION.

LOVE LIKE LUCY SCHOLARSHIP APPLICATION FORM

APPLICANT PERSONAL INFORMATION

STUDENT NAME

D.O.B.

ADDRESS

CITY, STATE

ZIP

PHONE

EMAIL

PARENT/GUARDIAN NAME

EMAIL

PHONE

OTHER PARENT/GUARDIAN NAME

EMAIL

PHONE

PARENT ADDRESS (IF DIFFERENT)

CITY, STATE

ZIP

IS THE APPLICANT A U.S. CITIZEN?

- YES
 NO

IS THE APPLICANT ABLE TO LEAVE THE COUNTRY?

- YES
 NO

APPLICANT ACADEMIC INFORMATION

CURRENT SCHOOL	GRADE
GPA	NUMBER OF UNEXCUSED ABSENCES
SCHOOL CONTACT	PHONE
PRINCIPAL'S NAME	PHONE

APPLICANT FINANCIAL INFORMATION

HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS?

- YES (IF "YES," PLEASE LIST)
 NO

HAVE YOU APPLIED FOR FINANCIAL AID?

- YES (IF "YES," PLEASE LIST)
 NO

APPLICANT EXTRACURRICULAR INFORMATION

LIST ALL NON-ACADEMIC ACTIVITIES YOU'VE BEEN INVOLVED IN IN THE LAST TWELVE MONTHS.

TYPE OF ACTIVITY	HRS/WEEK	DESCRIPTION
Community Service		
Athletics		
School Clubs/Organizations		
Parish Involvement		
Other		

LIST ANY AWARDS, SCHOLASTIC OR OTHERWISE, RECEIVED IN THE LAST TWO YEARS.

AWARD	GRADE	DESCRIPTION

LOVE LIKE LUCY SCHOLARSHIP ESSAY

Lucy impacted her community in ways she probably would have never imagined. Her life and decisions were driven by her values of faith, kindness, hope, and love. Tell us about your values and how the LOVE LIKE LUCY Scholarship will help you make your own impact on the community.

PLEASE TYPE YOUR 350-500 WORD RESPONSE IN THE BLANK SPACE BELOW. YOU MAY USE A SEPARATE SHEET OF PAPER IF NECESSARY.

**LUCY FERNANDEZ FOUNDATION INC
AUTHORIZATION AND CONSENT FOR THE
RELEASE OF OTHER INFORMATION**

I affirm that all statements included in this scholarship packet are true, complete and correct. I authorize the Lucy Fernandez Foundation to collect my photo for internal use and identification purposes. I further authorize the Lucy Fernandez Foundation to collect and access all information contained in my application and accompanying submissions, attachments or supporting documents to evaluate the applicant's eligibility for the LOVE LIKE LUCY Scholarship. I authorize the Lucy Fernandez Foundation to share all information contained herein and attached hereto with Our Lady of Lourdes Academy, BLUE MISSIONS, Universidad de Salamanca, any necessary individual essential to the application process and any other relevant program in connection with the provision of funds relating to the scholarship or associated activities. I, hereby, release and hold harmless the Lucy Fernandez Foundation Inc. from all liability that might result from the collection and sharing of information contained in this application, any and all inquiries arising therefrom, as well as accompanying submissions provided to the Lucy Fernandez Foundation through this application for the LOVE LIKE LUCY Scholarship.

APPLICANT SIGNATURE

DATE

APPLICANT NAME (PLEASE PRINT)

DATE

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (PLEASE PRINT)

DATE

**LUCY FERNANDEZ FOUNDATION INC
AUTHORIZATION AND CONSENT FOR
THE RELEASE OF FINANCIAL INFORMATION**

To the extent application for financial aid has been submitted to the Our Lady of Lourdes Academy, consistent with its financial aid application process, I, (parent/guardian's first and last name), _____ authorize Our Lady of Lourdes Academy to release its determination of financial aid eligibility, to the Lucy Fernandez Foundation. I understand that the determination of financial aid eligibility will be used to identify the student that will be awarded the LOVE LIKE LUCY Scholarship and I consent to such use and disclosure.

By my signature, I authorize Our Lady of Lourdes Academy and the Lucy Fernandez Foundation to share the financial aid eligibility determination with applicable representatives from each respective organization and any necessary individual essential to the application process. I understand that this consent remains in effect until written revocation from me is received by the acting principal of Our Lady of Lourdes Academy and the President of the Lucy Fernandez Foundation.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (PLEASE PRINT)

DATE

LOVE LIKE LUCY SCHOLARSHIP PACKET CHECKLIST

DEADLINE MARCH 1ST

APPLICATION PACKET

- Application Form
- Photo of Applicant
- Official School Transcript
- 2 Letters of recommendation (recommender to send directly to LFF)
 - Personal Recommendation
 - School Recommendation
- Parish or Community Service Letter (on Organization's Letterhead)
- Copy of Our Lady of Lourdes Academy Acceptance Letter
- Completed Essay
- Authorization and Consent for Release of Financial and Other Information

**PLEASE SCAN AND SEND ALL DOCUMENTS TO
INFO@LUCYFERNANDEZFOUNDATION.ORG**

PACKETS MUST BE RECEIVED BY MARCH 1, 2023

If you have any questions, please call 305-992-6359

LOVE LIKE LUCY SCHOLARSHIP RECOMMENDATION LETTER

As an essential part of the application process, please complete the following form along with a letter of recommendation on letterhead (if teacher/principal) and send directly to INFO@lucyfernandezfoundation.org.

NAME OF APPLICANT

NAME OF PERSON COMPLETING FORM (CONTACT)

CONTACT PHONE

EMAIL

TYPE OF RECOMMENDATION

PERSONAL

RELATIONSHIP TO APPLICANT _____

SCHOOL

NAME OF SCHOOL _____

JOB TITLE _____

HOW LONG HAVE YOU KNOWN APPLICANT?

MAY WE CONTACT YOU?

YES

NO

BEST CONTACT

EMAIL

PHONE

SIGNATURE

DATE

LOVE LIKE LUCY SCHOLARSHIP SERVICE LETTER

Your letter confirming the applicant's involvement in her parish and/or service activities is essential to the application process. Please complete the following form and attach a letter of recommendation describing her role in your organization on your organization's letterhead and send directly to INFO@lucyfernandezfoundation.org.

NAME OF APPLICANT

NAME OF PERSON COMPLETING FORM (CONTACT)

CONTACT PHONE

EMAIL

PARISH/ORGANIZATION NAME

RELATIONSHIP TO APPLICANT

HOW LONG HAVE YOU KNOWN APPLICANT?

MAY WE CONTACT YOU?

YES

NO

BEST CONTACT

EMAIL

PHONE

SIGNATURE

DATE