

ST. MARY CATHOLIC CHURCH EDUCATION SCHOLARSHIP PROGRAM APPLICATION

INCOMING FRESHMAN

NAME _____ DATE OF BIRTH ___/___/___

STREET ADDRESS _____ STATE _____

CITY _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

PARENT'S OR GUARDIAN'S FULL NAME _____

COUNTY OF RESIDENCE _____

SCHOOL/HOMESCHOOL YOU ARE ATTENDING _____

EXPECTED GRADUATION DATE _____ CURRENT CUMULATIVE HIGH SCHOOL GPA (COPY REQUIRED) _____

EXTRACURRICULAR ACTIVITIES OR WORK EXPERIENCE:

COMMUNITY SERVICE ACTIVITIES WITH APPROXIMATE NUMBER OF SERVICE HOURS SERVED:

HOBBIES AND OTHER INTERESTS:

ACT/SAT COMPOSITE SCORE (COPY REQUIRED) _____ INTENDED MAJOR _____

UNIVERSITY/COLLEGES ACCEPTED BY OR APPLIED TO _____

EXPECTED COLLEGE COSTS (TUITION, ROOM, BOARD) PER YEAR _____

OTHER SCHOLARSHIPS AND AMOUNT _____

PELL GRANT AMOUNT _____

OTHER EDUCATIONAL FUNDING SOURCES AND AMOUNTS _____

AMOUNT YOU ARE REQUESTING FROM ST. MARY SCHOLARSHIP FUND PER YEAR _____

EXPLANATION _____

(PLEASE ADD ADDITIONAL PAGES IF NEEDED)

REMINDER – PLEASE SUBMIT THIS SIGNED APPLICATION ALONG WITH THE FOLLOWING TO ST. MARY CHURCH:

- COPY OF ACT OR SAT SCORE
- ESSAY TITLED “HOW COLLEGE WILL PREPARE ME FOR LIFE”
- LATEST COPY OF .HIGH SCHOOL GPA REPORT
- ONE LETTER OF RECOMMENDATION
- SIGNED COPY OF PROGRAM GUIDELINES AND RULES

SIGNATURES OF APPLICANT AND PARENT/GUARDIAN

“I have completed this Incoming Freshman application with honest and accurate information.”

NAME OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____

NAME OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

(IF UNDER THE AGE OF 18)

Please send completed application postmarked no later than March 31 of each calendar year to St. Mary Catholic Church Scholarship Program, 1291 East Madison Avenue, Athens, TN 37303.

ST. MARY CATHOLIC CHURCH EDUCATION SCHOLARSHIP PROGRAM APPLICATION

EXISTING COLLEGE STUDENT (FIRST TIME APPLICANT)

NAME _____ DATE OF BIRTH ___/___/___

STREET ADDRESS _____ STATE _____

CITY _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

PARENT'S OR GUARDIAN'S FULL NAME _____

COUNTY OF RESIDENCE _____

COLLEGE/UNIVERSITY YOU ARE ATTENDING _____

EXPECTED GRADUATION DATE _____ CURRENT CUMULATIVE COLLEGE GPA (COPY REQUIRED) _____

AVERAGE CREDIT HOURS PER YEAR _____ DATE STARTED COLLEGE _____

MAJOR YOU ARE PURSUING _____

EXTRACURRICULAR ACTIVITIES OR WORK EXPERIENCE:

COMMUNITY SERVICE ACTIVITIES AND APPROXIMATE NUMBER OF HOURS:

HOBBIES AND OTHER INTERESTS:

EXPECTED COLLEGE COSTS (TUITION, ROOM, BOARD) PER YEAR _____

OTHER SCHOLARSHIPS AND AMOUNT EXPECTED PER YEAR _____

PELL GRANT- AMOUNT _____

OTHER EDUCATIONAL FUNDING SOURCES AND AMOUNTS: _____

AMOUNT YOU ARE REQUESTING FROM ST. MARY SCHOLARSHIP FUND PER YEAR _____

EXPLANATION _____

_____ (PLEASE ADD ADDITIONAL PAGES IF NEEDED)

REMINDER – PLEASE SUBMIT THIS SIGNED APPLICATION ALONG WITH THE FOLLOWING:

- COPY OF YOUR LATEST COLLEGE TRANSCRIPT
- ESSAY TITLED “WHAT HAS COLLEGE TAUGHT ME ABOUT THE REAL WORLD SO FAR?”
- SIGNED COPY OF PROGRAM GUIDELINES AND RULES
- ONE LETTER OF RECOMMENDATION

SIGNATURE OF APPLICANT

“I have completed this Existing College Student application with honest and accurate information.”

NAME OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____

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