

ST. MARY CATHOLIC CHURCH EDUCATION SCHOLARSHIP PROGRAM APPLICATION

RETURNING 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 _____

