



ST. JOSEPH CATHOLIC CHURCH- HONEY CREEK

**CATHOLIC DAUGHTERS OF THE AMERICAS
COURT # 2260**

SCHOLARSHIP AWARD APPLICATION

APPLICANT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO: _____ - _____ - _____

BIRTH DATE: ____ / ____ / ____

PARENT(S) NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO: _____ - _____ - _____

CHURCH AFFILIATION AND PARTICIPATION: _____

IF EMPLOYED, STATE WHERE: _____ FULL TIME: ____ PART TIME: ____

NAME OF HIGH SCHOOL: _____

APPROXIMATE SCHOLASTIC AVERAGE: _____

WILL ATTEND (COLLEGE, UNIVERSITY OR VOCATIONAL SCHOOL) _____

ACCEPTED? YES ____ NO ____ PLANNED MAJOR: _____

SUMMARY OF HIGH SCHOOL ACTIVITIES (e.g. HONORS, CLUBS, SPORTS, OFFICE HELD):



REQUIRED: THREE (3) LETTERS OF REFERENCES REQUIRED – AT LEAST ONE (1) MUST BE FROM A TEACHER AND/OR THE PRINCIPAL OF THE HIGH SCHOOL YOU ARE ATTENDING. PLEASE LIST BELOW THE NAME, ADDRESS AND CONTACT INFORMATION OF THE PERSONS PROVIDING SAID REFERENCE.

ADDITIONALLY, PLEASE INCLUDE A PERSONAL LETTER DESCRIBING YOUR GOALS.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO: _____ - _____ - _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO: _____ - _____ - _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO: _____ - _____ - _____

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: ____ / ____ / ____

**THIS APPLICATION MUST BE DELIVERED TO
ST. JOSEPH CATHOLIC CHURCH - HONEY CREEK PARISH OFFICE**

NO LATER 4:00 P.M. May 9, 2022.