

ST. CHRISTINE'S PARISH SCHOLARSHIP APPLICATION

ELIGIBILITY:

Our **Parish Scholarship** is open to any graduating senior who is a member of St. Christine's. **St. Christine's Youth Ministry Scholarship** is available to graduating seniors who are members of our parish and are actively involved in either: Youth Ministry, Peer Ministry, Music Ministry or Altar Serving Ministry. **A Men's Group Scholarship** is open to any graduating senior who is a member of St. Christine's. The additional scholarships: **The Louis Caporiccio Scholarship** for education, **The Rita Bankowski Scholarship** for nursing and medical careers, **The Margaret and Walter Dowd Scholarship**, **The Scanlan Family Scholarship** and **The Pizzi Foundation Scholarships**.

PLEASE COMPLETE THE FOLLOWING ITEMS:

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHONE: _____

HIGH SCHOOL: _____

FATHER'S NAME: _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

GUARDIAN'S NAME _____ OCCUPATION _____

COMBINED SALARIES: \$25,000-\$35,000 _____ \$40,000-\$50,000 _____
\$60,000-\$80,000 _____ over \$100,000 _____

NUMBER OF CHILDREN IN YOUR FAMILY _____ NUMBER IN COLLEGE _____

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HIGH SCHOOL ACTIVITIES: _____

COLLEGE(S) THAT YOU HAVE BEEN ACCEPTED TO: _____

DO YOU PLAN TO ATTEND COLLEGE AND WHERE _____

LIST ANY EMPLOYERS YOU HAVE WORKED FOR DURING HIGH SCHOOL:

*POST HIGH SCHOOL I PLAN ON

ON A SEPARATE SHEET, **PLEASE WRITE AN ESSAY** ON WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP, YOUR INTERESTS AND ACTIVITIES, ANY PARTICULAR FAMILY CIRCUMSTANCES, AND ANY OTHER INFORMATION ABOUT YOURSELF THAT YOU FEEL MIGHT BE OF INTEREST.

Please return the application form, essay and photo to St Christine Scholarship Committee on line to:

middleconfirmationccd@gmail.com

STUDENT'S
SIGNATURE _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

***APPLICATIONS ARE DUE BY: April 1st**

All information on this application will be kept confidential.