

ST. DENIS CHURCH *CATHOLIC WOMEN'S COUNCIL*
SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIORS

NAME: _____ DATE _____

HOME ADDRESS: _____ DATE OF BIRTH: _____

COLLEGE OF ACCEPTANCE: _____

HIGH SCHOOL ATTENDED: _____

GRADUATION DATE: _____ CLASS STANDING _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____

LIST ANY SIBLINGS PRESENTLY ATTENDING COLLEGE:

NAME: _____ COLLEGE _____

NAME: _____ COLLEGE _____

LIST ANY FAMILY WHO ARE MEMBERS OF THE C.W.C.(past or present):

NAME: _____ RELATIONSHIP: _____

YOUR PLACE OF EMPLOYMENT: _____

ALONG WITH THIS APPLICATION YOU MUST SUBMIT:

1. COPY OF TRANSCRIPT
2. **SHORT ESSAY** (1 PAGE) OUTLINING INTERESTS, GOALS AND ACHIEVEMENTS, INCLUDING ANY CHURCH AND COMMUNITY SERVICE PERFORMED BY YOU OR YOUR FAMILY.
3. A **BRIEF LETTER** OF RECOMMENDATION FROM A TEACHER WHO HAS PERSONAL KNOWLEDGE OF YOUR APTITUDE & CHARACTER.

APPLICATIONS MUST BE RETURNED TO: **C.W.C., P.O. BOX 134**
DOUGLAS, MA 01516 , POSTMARKED BY APRIL 1ST

SIGNATURE _____