

ST. JOSEPH PARISH SCHOLARSHIP

**APPLICATION FOR SCHOLARSHIP**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**High School Presently Attending** \_\_\_\_\_

**Date of Graduation** \_\_\_\_\_

**Name of College, University or Trade School** \_\_\_\_\_

**Date of Enrollment** \_\_\_\_\_

**Name of Parents or Guardian** \_\_\_\_\_

**Address and phone number of above** \_\_\_\_\_

**ANSWER THE FOLLOWING ON A SEPARATE SHEET OF PAPER.**

**Write a paragraph describing how you have been a part of our parish during your grade school and high school years.**

**Name the Sacraments that you have received.**

**What are your dreams for the future, especially your academic hopes for the next few years?**

**How do you see your Catholic faith influencing your future life including your college days?**

**Due date for returning this application to the Church office is March 31.**