



The Church of Saint Stephen
Archdiocesan Sanctuary of the Four Chaplains
Kearny, New Jersey 07032



Father Washington - The Four Chaplains Scholarship Award

Application Form

Name: _____

Address: _____

Telephone Number: _____ School: _____

Scholastic Average: _____ Class Rank: _____

(Note: Attach copy of transcripts.)

Parent/Guardian Name(s): _____

Number of older siblings: _____ In College: _____ Working: _____

Number of younger siblings: _____

1. State the name and address of the Catholic high school in which you are registered for the fall of 2021:

2. List academic honors and achievements:

3. List extracurricular activities, Saint Stephen's Parish activities, and community activities in which you have participated:

(Note: If additional space is required attach to this form.)

4. Provide any additional information you would like the Scholarship Committee to consider:

(Note: If additional space is required, use an 8 ½ x 11 page and attach it to this form.)

5. Submit an essay of no more than 250 words detailing your desire to continue your education at a Catholic high school. Also, please include your thoughts on the virtues of faith, leadership, bravery, courage, self-sacrifice and service to others that were demonstrated by the Four Chaplains.

Signature of Applicant: _____ Date: _____