

# Saint Michael's High School Senior Scholarship Application

## SECTION I: Identification

Full Name:	Phone:
Address:	City, Zip Code:

## SECTION II: Parent/ Guardian Information

1. Parent/ Guardian Name:	Employer:
Contact info.	Job Title:
2. Parent/ Guardian Name:	Employer:
Contact info:	Job Title:
Living With:	Number of Children Living in the Home & Ages:
<p><b>If applicable</b>, do you have a relative(s) who is a Catholic Daughter of Saint Michaels' or another parish? If yes, please place an x in the appropriate section.</p>	
Mother	Sister
Aunt	Grandmother

## SECTION III: Academic Record & Student Achievement

GPA:	Class Rank:	SAT SCORE:	ACT SCORE:
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Please explain why you are a good candidate for this scholarship, any extenuating circumstances, or financial need.

### Activities associated with school, leadership, elected positions, & clubs.

#	Activity	Start Date	End Date	Total years
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

<b>Scholastic Awards, honors, or honor societies associated with school.</b>		
	<b>Awards, Honors, Honor Societies</b>	<b>Date Received</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

<b>Service activities or ministries associated with St. Michael's Catholic Church or previous Parish if applicable.</b>				
	<b>Activity</b>	<b>Start Date</b>	<b>End Date</b>	<b>Total years</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Community Activities:				
	<b>Activity</b>	<b>Start Date</b>	<b>End Date</b>	<b>Total years</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

<b>Awards, Honors, or Recognitions as a result of Community Service.</b>		
	<b>Awards, Honors, or Recognitions</b>	<b>Date Received</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

**Essay:** In paragraph form, describe how an event, ministry, or participation at St. Michael's has made an impact in your life.

**Work Experience:**

Employer	Contact Info.	Job duty	Hours per week	Start date	End Date

Will you have to work in college?	Yes___	No___	If yes, how many hours per week? ___
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Major:	Minor:
Career Objectives/ Plans for the Future:	

References: Name	Relationship	Contact Number
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Letters of Recommendation may be attached.

Print out sign and date in appropriate places.

Student Signature:	Date:
Parent Signature:	Date:

**NOTE: By signing you recognize that this information is confidential and will only be released for the use of scholarships.**

**All Applications must be turned in to the lock box outside the youth office or to Janet Gipson in the youth office by Monday, Wednesday, April 14<sup>th</sup> 4:00 p.m. Questions: [janet@smlj.org](mailto:janet@smlj.org) or 979-299-3507 office. cell# 979-236-3402**