

Jane Cassisa Scholarship Application/CCM

Return COMPLETED form and names of references **NO LATER THAN October 25, 2020** to:

*St. John the Evangelist Church*

*416 S. 5<sup>th</sup> Street*

*Oxford MS 38655*

Name:

Address:

Phone:

Email:

Level: Freshman Sophomore Junior Senior Grad-Student Law School Other\_\_\_\_\_

Father's Name:

Mother's Name:

Parent's number (if under 18 years of age, you must submit a working number for parents):

Check the following sacraments you have received:

Baptism: Confirmation: Holy Communion:

Home Parish (Name, Address):

Please use a separate sheet of paper to answer the following questions. Please do not include any photos.

1. How have you been active in your parish in the following areas:
  - a. Liturgy (Attendance at Mass, involvement in ministries, Adoration, etc.)
  - b. Peace and Justice (Serving the poor and needy, involvement in assisting others, being active in Church causes that are pro-life, etc.)
  - c. Community (membership in Catholic organizations or study groups, attendance in youth group and education, participate in social events and fundraising, etc.)
2. In what ways do you share your Catholic faith with others?
3. What goals do you have for yourself and your future?

Please name two Catholics (other than parents) who know you and can attest to your Faith. (You may include the Campus Minister at Ole Miss or parishioners at St. John's.)

1. Name:  
Address:  
Phone:
2. Name:  
Address:  
Phone:

If you are not a member of St. John the Evangelist, please have your pastor sign here.  
*I can verify and attest that the above is a member of my parish and is an active Catholic.*

Signature:

Date: