

DIOCESE OF SAVANNAH

**Catholic Schools Office
601 E. Liberty Street
Savannah, Georgia 31401
Telephone: (912) 201-4121 Fax: (912) 201-4101**

Catholic College Scholarship Application

2010 - 2011

Name _____

Address _____ Telephone_(____)____-_____
(Address where you receive mail during the school term.)E-mail _____

City _____ State _____ Zip _____

Home Address _____ Home Telephone_(____)____-_____
City _____ State _____ Zip _____

City _____ State _____ Zip _____

Name of Home Parish _____

Catholic College You Will Be Attending _____

Grade you will enter in Fall, 2010 _____

QUALIFICATIONS

- Applicant must be Catholic and be registered in a parish in the Diocese of Savannah.
- Applicant must be at least a high school senior.
- Applicant must have a satisfactory academic record, leadership ability and good character references.
- Applicant should be active in the life of the parish and school.

REQUIREMENTS

All of the items listed must be submitted for consideration of awards.

- A letter written by the applicant which includes a resume of his/her life and an account of parish and school involvement as well as future plans. This letter is in addition to the *Applicant's Statement* on page 3 of this application.
- Official transcript (original) of grades for last marking period, class rank and SAT/ACT score when applicable.
- At least three written references from pastor(s)*, school principal or dean, teachers and employers. ***Pastor reference is required.**
- It is your responsibility to be sure all documentation and references are submitted.

Application Form and all required information must be returned by the deadline. Please furnish your references and school with our correct mailing address to insure a complete file. Catholic Schools Office address labels are attached for your convenience.

Do not hold this application for grades and references. Mail this application as early as possible to the Catholic Schools Office.

Scholarships are for one school year only. Reapplication is necessary for renewal of awards.

Is this a reapplication for Diocesan College Scholarship? YES ___ NO ___

Have you received a prior Scholarship from the Diocese? YES ___ NO ___

Do you have a job, summer work, or past work experience? YES ___ NO ___

**If YES, list the jobs you have held in and out of school:
(Job Title, when and location.)**

Name and Address of your references: (Give them a mailing label to ensure that we receive your reference letters.)

Pastor _____
Address _____ City _____ Zip _____

Principal/Dean _____
Address _____ City _____ Zip _____

Teacher _____
Address _____ City _____ Zip _____

Title _____
Address _____ City _____ Zip _____

CONFIDENTIAL INCOME STATEMENT OF PARENTS

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Family Income from last complete calendar year:

Salary or Wages (before withholding) _____

Other Income _____

TOTAL _____

Number of wage earners contributing to family income: _____

Number of persons wholly dependent on income of this family: _____

Ages of children living at home _____

Amount of educational expenses you are currently paying toward other dependents:

Colleges: _____

Catholic High Schools: _____

Catholic Grade Schools: _____

Additional Notes that may be beneficial to the applicant: _____

Please explain if you have or anticipate any extraordinary expenses that will reduce your capacity to provide financial assistance toward applicant's education.

Signature of Parent or Guardian

Signature of Parent or Guardian

APPLICANT'S STATEMENT

Please state in your own handwriting the reasons you wish to further your education.

Signature of Applicant_____

**MAIL TO: CATHOLIC SCHOOLS OFFICE
601 E. LIBERTY STREET
SAVANNAH, GEORGIA 31401**

**DEADLINE FOR APPLICATION AND ALL DOCUMENTATION:
FEBRUARY 26, 2010**

