

Daughters of Isabella Scholarship Application



General Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Parish	
High School	

Parish Organizations:

What liturgical participation have you been involved in during the past school year?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Choir/Cantor | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Liturgical Minister | |
| <input type="checkbox"/> Fiat | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Youth (CYO) | |
| <input type="checkbox"/> Lector | <input type="checkbox"/> Server |
| | <input type="checkbox"/> Other _____ |

Community Service

Describe community service projects for the past year (total time must equal a minimum of 15 hours)
Signed by principal, adult supervisor or pastor.

Organizations

Summarize involvement in school organizations and community organizations during your grade school years. Also, provide a copy of your grade reports for the last 3 quarters of school (must have a GPA of 3.00 or higher).

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Word Essay 500-750 typed (attach to application)

Choice of one topic: What it means to me to be a Catholic woman in today's world.

The challenges that face teenagers in today's society, and how my Catholic faith helps me to meet those challenges.

Parish Information

Name of Parish	
Street Address	
City ST ZIP Code	
Phone	
Pastor's name	
Pastor's Signature	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded the scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in the loss of the scholarship as outlined.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in the Daughters of Isabella Scholarship.

Form due by July 15th. Please mail to Robin Hake, Regent
41 Country Club View
Edwardsville, IL 62025