

## St. Jude Women's Guild Scholarship Application

Full Name of Applicant: \_\_\_\_\_

Names of Parent(s)/Guardian(s): \_\_\_\_\_

Family Address: \_\_\_\_\_  
\_\_\_\_\_

Number of siblings at home: \_\_\_\_\_ Number currently attending college: \_\_\_\_\_

Father's occupation: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Parents' combined income: \_\_\_\_\_

Additional income: Yes or No If Yes list source and amount: \_\_\_\_\_

Applicant's High School or Home School Program: \_\_\_\_\_

Applicant's Grade Point Average: \_\_\_\_\_ Applicant's Class Rank: \_\_\_\_\_

Name of college you plan on attending: \_\_\_\_\_

Have you been accepted: \_\_\_\_\_

Proposed field of study: \_\_\_\_\_

List all church, community, clubs, sports, and personal service activities in which you have been involved. Please list any offices held.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the questions on the attached pages. Please include a letter of recommendation from a teacher, employer, or community leader as well as a letter of recommendation from either the Pastor or Deacon of St. Jude/Immaculate Conception Catholic Churches. Please attach a copy of your high school transcript. The completed application, letters of recommendation and transcript are to be submitted to the St. Jude Women's Guild by March 25th for consideration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_