Women's Guild Scholarship Application

Full Name of Applicant:	
Date of Birth:	Email address:
Names of Parent(s)/Guardian(s):	
Family Address:	
	Phone:
Number of siblings at home:	Number currently attending college:
Father's occupation:	Mother's occupation:
Applicant's High School or Home School F	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, been involved. List any offices held.	and personal service activities in which you have
recommendation from a teacher, employ must be signed by the person writing the transcript. The completed application, le	ached pages. Additionally submit two letters of rer, community leader, or church leader. <u>References</u> <u>reference.</u> Attach a copy of your high school tters of recommendation and transcript are to be no later than March 28, 2025 for consideration by

Signature of Applicant	·	Date:
------------------------	---	-------

Women's Guild Scholarship Application

In your opinion, what are your best qualities?

What are your educational and career goals? What is your chosen field of study and why did you choose it?

What has been your favorite class in high school? Why do you choose this class? Does this class have any influence on your choice of college or college major?

Do you feel that those who have achieved their goals need to help others in achieving their goals? If so, how? If not, why not?

What is one thing you are very proud of having accomplished?

Women's Guild Scholarship Application

How do you feel that being a member of the Louisa Catholic Community has contributed to the person you are today?

How does being Catholic affect your educational decisions, if at all?

How would this scholarship help you the most?

Do you have any special circumstances that you would like us to consider?