

JOHN A. COLEMAN CATHOLIC HIGH SCHOOL
SCHOLARSHIP APPLICATION

NAME OF SCHOLARSHIP _____

AMOUNT OF SCHOLARSHIP _____

NAME _____ SOC. SEC. NO. _____
 LAST FIRST M.I.

ADDRESS _____

TOWN OF _____

List colleges to which
You have applied:

Indicate acceptance, if known by a
Yes or a No:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Circle college you will be attending, if known.

INTENDED MAJOR IN COLLEGE: _____

GRADE POINT AVERAGE: _____
(Guidance will fill this in)

RANK: _____
(Guidance will fill this in)

LIST SCHOOL ACTIVITIES AND OFFICES HELD (president, captain, etc.)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

LIST COMMUNITY ACTIVITIES AND OFFICES HELD:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

LIST WORK EXPERIENCE (full-time, part-time etc.)

COMPLETE THE FOLLOWING:

Names of Parents/Guardian:

Father _____ Mother _____

Address _____

Employer _____

Occupation _____

LIST OTHER CHILDREN SUPPORTED BY PARENT(S), AND SCHOOL ATTENDING:

Name and Age	School
1. _____	_____
2. _____	_____
3. _____	_____

HAVE YOU FILED THE FAFSA FORM? YES _____ NO _____

HAVE YOU RECEIVED FINANCIAL AID FROM COLLEGE? YES _____ NO _____

I certify that the above information is true and accurate:

Date _____

Signature of Applicant

Signature of Parent/Guardian

Please attach:

1. Statement of Financial Need (100 words or less)

2. Statement telling why you deserve or are qualified to receive this scholarship. (100 words or less)