

The St. Gabriel Christian Women want to encourage and recognize students for their participation, leadership, and service by choosing three confirmation students for a College Scholarship. Those chosen to receive this award will be presented with a check for \$2,000 toward their college education.

## **CRITERIA FOR ELIGIBILITY AND CONSIDERATION:**

To be eligible for consideration, the applicant must:

- 1. Be a member of St. Gabriel Parish
- 2. Have been confirmed
- 3. Be attending high school
- 4. Attach a high school transcript of credits
- 5. Include a photocopy of your college acceptance letter
- 6. Present a completed application by March 15, 2024

Return application forms and transcripts to:

St. Gabriel Catholic Church Attention: Christian Women Scholarship Committee 1200 Saint Gabriel Way Hubertus, WI 53033

IMPORTANT! So that your appli	cation can remain completely confidential, please detach this portion	n and
	ipt and copy of your college acceptance letter in	II and
	of birth(mm/dd/yy) on the envelope. Final scoring points will be	
	l correctly. Questions contact Jill Sheehan 262-628-1141 Thank you	L
NAME_	PHONE	
DATE OF BIRTH(mm/dd/yy)		
DATE & PLACE OF CONFIRMA	TION	
I hereby certify that the information	n given is correct.	
LEGAL NAME		
ADDRESS		
SIGNATURE OF STUDENT		
SIGNATURE OF PARENT		



## St. Gabriel Christian Women Scholarship Program

Date of Birth (mm/dd/yy)		Date and place of Confirmation	
I.	EDUCATIONAL DATA:		
A.	High School you are attending	and City, State)	
	(Name	and City, State)	
В.	High School Grade Point Average:	Rank in Class: _	Class Size:
C.	ACTIVITIES: (If additional space is r	needed, you may attach an ex	tra sheet.)
<u>S</u>	School Activities:	Dates of Involvement:	Office, Recognition, etc.:
1			
	LIST SENIOR YEAR COURSES NO		
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I. VOLUNTEER ACTIVITIES & SERVICES: (Church and Community) If not enough room, please attach a separate sheet.

Church Activities	<u>Dates of Involvement</u>
Community Activities	<u>Dates of Involvement</u>
. WORK HISTORY:	
/pe of Job:	
mployer Name:	Hours/Week:
ates of Continuous Employment:	
pe of Job:	
mployer Name:	
ates of Continuous Employment:	
I. COLLEGE/CAREER PLANS:	
ollege:	Location:
ajor:	Degree:
pproximately how long to receive your degree	
arear Aspirations:	



