

DAUGHTERS OF ISABELLA JUDY COLLETTE MEMORIAL SCHOLARSHIP APPLICATION

ST. TIMOTHY CIRCLE, # 504, Rumford, Maine

Applications due by May 10, 2024

Please print clearly – incomplete or illegible applications will not be reviewed.

Student Name: _____

Address: _____

Signature of Applicant: _____ Date of Birth: __/__/__ Age: _____

Email: _____ Telephone #) _____

Present School: _____ Grade: _____

Present Parish currently attending: _____

SCHOOL AND / OR COMMUNITY INVOLVEMENT:

Please list all school activities:

Please list all Community and Civic activities:

Full School Name and Address for which Student HAS BEEN ACCEPTED.

*****Please attach essay, transcripts, and additional information as stated in the requirements.*****

I attest that all information given is true and I will present the required documentation if requested.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Sponsor's Name: _____ Is Daughter of Isabella: Y / N

Sponsor Signature: _____ Date: _____

Regent: _____ Date: _____

Received by the Chairman of the Scholarship Committee: Date: _____ Initial: _____

Accepted: Y / N Date: _____ Initial: _____

Awarded Scholarship: Date of decision: _____ Initial r: _____

Presented: Date: _____ Chair: _____

Issued Check: Date: _____ Check number: _____ Initial Finan. Sec. _____