

APPLICATION FOR ST. JOHN'S LADIES GUILD SCHOLARSHIP (\$1000)

PLEASE TYPE OR PRINT CLEARLY

LAST NAME:

FIRST NAME:

MAILING ADDRESS:

TELEPHONE NUMBER:

PLACE AND DATE OF CONFIRMATION:

LIST THE SERVICE YOU DID FOR CONFIRMATION SERVICE HOURS:

1. DATE(S):

2. DATE(S):

3. DATE(S):

LIST ANY MANDATORY SERVICE FOR SCHOOL PROJECTS:

1. DATE(S):

2. DATE(S):

3. DATE(S):

PAST OR PRESENT CHURCH RELATED ACTIVITIES (OTHER THAN RELIGIOUS ED AND CONFIRMATION) IN WHICH YOU PARTICIPATE(D):

ACTIVITY	HOURS	DATE(S)	PAID
1.			Y N
2.			Y N
3.			Y N

HIGH SCHOOL/COMMUNITY VOLUNTEER PROJECTS INVOLVED WITH IN THE LAST FOUR YEARS:

1. DATE(S):

2. DATE(S):

3. DATE(S):

NAME OF COLLEGE YOU WILL BE ATTENDING:

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY.

(SEE REVERSE SIDE)

THIS APPLICATION MUST BE RECEIVED BY JUNE 30, 2020. ANY APPLICATION RECEIVED AFTER THIS DATE WILL NOT BE ACCEPTED.

PLEASE MAIL COMPLETED APPLICATION TO:

GLORIA DESCOTEAUX
1197 WOONSOCKET HILL ROAD
NORTH SMITHFIELD RI 02896