

SAINT JOSEPH EDUCATIONAL FUND APPLICATION – 2010/2011

NAME OF APPLICANT’S PARENT OR LEGAL GUARDIAN: _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

AGE: _____ CURRENT SCHOOL YEAR: _____

NAME OF CURRENT SCHOOL: _____

NAME OF SCHOOL/COLLEGE FOR 2010/2011: _____

GRADE POINT AVERAGE: _____

(If available, provide supporting material. Additional documentation may be required.)

EXAMPLES OF PARISH INVOLVEMENT: _____

EXAMPLES OF COMMUNITY INVOLVEMENT: _____

(I.E., girl/boy scouts, sports)

APPLICANT’S SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

NOTE: PLEASE ATTACH A BRIEF ONE OR TWO PARAGRAPH ESSAY EXPLAINING YOUR EDUCATIONAL INTERESTS AND PLANS. FOR ELEMENTARY SCHOOL APPLICANTS, PARENTS ARE WELCOME TO ASSIST.