



PARISH SCHOLARSHIP APPLICATION

Parish Scholarships are awarded to students active in a Catholic Parish within the **Diocese of Helena and the Diocese of Great Falls-Billings**, in memory of the deceased priests of the diocese. This \$500 scholarship is applicable toward full-time tuition at Carroll College for the upcoming academic year. Priority consideration is given to newly accepted freshman students. In some cases, individual parishes may match or add to the award. Students must be accepted for admission to be eligible for this award. **Please send this application to your Parish (not Carroll College).** Application deadline is March 1, 2009.

A completed application will include:

- 1) This form with completed essay, and
- 2) Two letters of recommendation (one personal and one scholastic).

A student must be full-time (taking 10 semester hours) to maintain this scholarship.

APPLICANT INFORMATION

Name _____ Major _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Place of Birth _____ Sex: M _____ F _____

High School _____ Graduation Date _____

High School grade point average _____ Catholic Parish _____

FAMILY BACKGROUND

Father's full name _____ Occupation _____

Address _____ Zip _____

Mother's full name _____ Occupation _____

Address _____ Zip _____

Number of children supported by parents _____ Ages of siblings _____

All of the information contained herein will be kept in the strict confidence.

OTHER SCHOLARSHIPS

List all other scholarships you have been awarded for the next academic year.

1) _____ Amount _____

2) _____ Amount _____

3) _____ Amount _____

SCHOOL ACTIVITIES

Organizations, offices, awards, honors:

OTHER ACTIVITIES

Church, jobs, clubs, etc.:

PERSONAL ESSAY

Attach a short, typed essay on why you want to attend Carroll College:

My signature below indicates that all the information contained in this application is correct and honestly presented. I authorize Carroll College to provide the Parish Scholarship Committee with the information it requests.

Student Signature _____ Date _____

FOR QUESTIONS CALL: Financial Aid Office, Carroll College, 1601 N. Benton Ave., Helena, MT 59601
800-992-3648 ext. 5425 or 406-447-5425, www.carroll.edu