

Rev. John P. Blanchfield Memorial Scholarship Application

Date: _____

Student Name: _____ Birth Date: _____

Address: _____ Phone: _____

Town: _____ State: _____ Zip: _____

Name of School you now attend: _____

Address of School: _____

Father's Name: _____

Address: _____ State: _____ Zip: _____

Place of Employment: _____

Mother's Name: _____

Address: _____ State: _____ Zip: _____

Place of Employment: _____

Are you currently employed? _____ How long: _____

Place and address of employment: _____

Colleges applied to (In order of preference)

1. _____

2. _____

3. _____

4. _____

5. _____

Intended Major / Concentration: _____

PLEASE LIST ALL ACTIVITIES YOU HAVE BEEN INVOLVED IN: (include dates)

At St. Aloysius Church

At Your Present School

In the Community

Other Charitable Work

PLEASE WRITE AN ESSAY ON YOUR CAREER GOALS (500 WORDS OR MORE) AND ATTACH TO YOUR APPLICATION. IF NOT TYPEWRITTEN, PLEASE PRINT.

Permission for release of information: _____
Signature of Parent or Guardian

Class Rank: _____ out of _____
Authorized Signature of Guidance Department

Pastor's Verification:

_____ is a member of this Parish.
Student Name

Pastor, St. Aloysius Church

Date