

2025 SDCCW HIGH SCHOOL FEMALE GRADUATE SCHOLARSHIP APPLICATION

NAME (First, Middle, Last):

ADDRESS (Street, City, State, Zip):

EMAIL:

PHONE:

Parish (Name, Street, City, State, Zip):

High School (Name, Street, City, State, Zip):

**Name, City and State of School in which you are accepted:
(For example; college, technical/ trade school, school in medical field, etc.)**

Attach a typed essay (up to a maximum of two pages) which contains the following:

- 1. How you have embodied spirituality, leadership and service to your family, church/ parish, school and/or community during your high school years.**
- 2. How you plan to continue embodying spirituality, leadership and service to your family, church/parish, school and/or community.**

Obtain your pastor's signature attesting of your eligibility for the SDCCW Scholarship.

Pastor Signature: _____

Attach a letter of recommendation from an adult that is familiar with you exemplifying the qualities of Faith, Leadership and Service to your family, church/parish, school and/or community.

**THANK YOU FOR SUBMITTING this application.
May you be blessed as you begin your next chapter in life!**