

Application No. _____

**JOSEPH BARRY COUNCIL 2520
HIGH SCHOOL SCHOLARSHIP AWARD**
(Please Print Clearly)

STUDENT'S FULL NAME _____

STUDENT'S ADDRESS _____

HOME TEL. NO. _____

FATHER'S NAME _____

ELEMENTARY SCHOOL(S) ATTENDED (1st through 8th grades)

NAME OF SCHOOL DATE OF ENTRANCE PERIOD ATTENDED

CATHOLIC HIGH SCHOOL TO BE ATTENDED _____

Signature of Student

THIS APPLICATION WITH THE FOLLOWING PAGES ANNEXED HAS BEEN
REVIEWED AND THE STATEMENTS CONTAINED THEREIN ARE VERIFIED.

Signature of Member or Guardian
whose membership qualifies applicant

CERTIFICATION BY SCHOOL OFFICIAL

I certify that _____ whose signature
written above, is a candidate for graduation and/or promotion to the 9th grade during the term
beginning September 20____ in _____ --School _____

Address

Principal, Guidance Counselor, Grade Advisor

Application No. _____

STUDENT'S DATE OF BIRTH _____

ALL QUESTIONS RELATE TO ACTIVITIES
DURING 7th and 8th GRADE ATTENDANCE

HONORS, AWARDS, and 7th and 8th GRADE AVERAGE:

EXTRA-CURRICULAR SCHOOL ACTIVITIES, OFFICES HELD, and AWARDS ETC.:
(Include: hobbies, sports, bands, clubs, church & community activities, list dates involved)

NUMBER OF DEPENDENTS IN FAMILY AND AGES OF THEM: (DO NOT USE NAMES
OF THE CHILDREN, ONLY AGES.)

TOTAL FAMILY INCOME: Under \$15,000 _____ \$15,000-\$30,000 _____
\$30,000-\$40,000 _____ \$40,000-\$50,000 _____
\$50,000-\$75,000 _____ \$75,000-\$100,000 _____
\$100,000-\$150,000 _____ \$150,000-\$200,000 _____

TOTAL AMOUNT OF TUITIONS TO BE PAID BY FAMILY IN THE COMING
SCHOLARSHIP YEAR (DO NOT USE NAMES) _____

IS YOUR FATHER LIVING? YES _____ NO _____

HAVE YOU REASON TO EXPECT SCHOLARSHIP AID FROM ANY OTHER SOURCE?
IF SO, GIVE DETAILS

(Attach additional pages if needed)
