



THE COMMUNITY FOUNDATION

MARK L. SASSO SCHOLARSHIP APPLICATION

Name: _____ Date of Birth: _____
Last First M.I.

Address: _____ Female Male

Telephone Number: () _____ Class Rank: _____

Overall Grade Average: _____ Parent/Guardian: _____

YOU ARE SEEKING SUPPORT FOR WHAT GRADE? Junior Senior Other _____

Approximate Cost of Study for one year: _____

List all high school activities (e.g., student government, music, sports, etc.)

Activity	Grades of Participation	Awards/Honors	Office Held	Hrs/Wk	Wks/Yr

List all community/volunteer service you perform.

Type of Activity, Organization	From (Mo/Yr.)	To (Mo/Yr.)	Awards/Honors	Hrs/Wk	Wks/Yr

Submit this application, two letters of recommendation, a quality, personal statement of no more than 150 words stating future goals and plans for achieving them, and a Tuition Subsidy form or other similar documentation to Fred Tillinghast, Director of Admissions, Bishop Kearney High School **by the second Friday in June.**

I declare that the information supplied by me on this form and any attachments are complete, true and correct in every particular.

Applicant Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____