

BARB ARNOLD MEMORIAL
SCHOLARSHIP APPLICATION
HIGH SCHOOL SENIORS ONLY

Due: Third Friday in April

- Baccalaureate Degree (4 years)
- or
- Technical/Vocational College

Name: _____

Address: _____

City: _____ Zip Code: _____ Telephone Number: _____

Birthdate: _____ Grade: _____ Month & Year Entered High School: _____

What years were you a student at St. Kilian School? _____

What year did you graduate from St. Kilian School? _____

Name of Parent or Legal Guardian: _____

Address: _____

Name of Counselor in High School: _____

Cumulative GPA: _____ 12.0 Scale 4.0 Scale Class Rank _____

12.0 = A+, 11.0 = A, 10.0 = A-, 9.0 = B+, 8.0 = B, 7.0 = B-, 6.0 = C+, 5.0 = C, 4.0 = C-, 3.0 = D+, 2.0 = D, 1.0 = D-, 0 = F
4.0 = A, 3.0 = B, 2.0 = C, 1.0 = D, 0 = F

List participation in significant co-curricular, community, St. Kilian Parish and other personal activities:

<u>Activity</u>	<u>Office Held</u>	<u>Date of Participation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List awards you have received for scholastic, athletic, and any St. Kilian Elementary achievements:

Award

Date Received

_____	_____
_____	_____
_____	_____
_____	_____

Employment (full-time, part-time, and volunteer work):

_____	_____
_____	_____
_____	_____
_____	_____

School/College to which you have been accepted:

Do you have proof of acceptance? _____

What is your major field of study? _____

Why have you chosen this field? _____

Attach an extra sheet if necessary for any of the above questions

Include three letters of recommendation.

Attach transcript of high school scholastic record, including first semester report card.

The release of Information will apply, if your student receives a scholarship.

I hereby give my permission for release of the following information concerning school activities, general information about grades, class rank, community service, other activities, and my son/daughter's future plans.

Signature of Applicant _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Application Must Be Postmarked by the third Friday in April.