

**DAUGHTERS OF ISABELLA
OUR LADY OF FATIMA CIRCLE 810 / FT. RECOVERY, OHIO
SCHOLARSHIP APPLICATION**

1. Name of applicant _____
2. Address _____
3. Phone number (home) _____ (cell) _____
4. Name of parent or guardian _____
5. Name of D or I member (mother/grandmother/great-grandmother) _____
6. Class Rank _____ out of _____ 7 semester cumulative GPA _____
7. Educational institution in which applicant plans to enroll _____
8. Course of study applicant plans to pursue _____
9. Type of post-secondary training (check one) ___2 year ___4 year ___5 year ___other
10. Approximate graduation or termination of educational program _____

Essay – select one

___Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. Please share your story.

___Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others.

Applicant must complete one year of education or the scholarship MUST be returned.

STATEMENT FROM SCHOOL OFFICAL:

I affirm to the best of my knowledge that the above applicant possesses good character and is capable of (and will benefit from) the educational training indicated above.

Signature _____ Date _____

Name & Title _____