

**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 _____

On a separate sheet of paper, answer the following questions. Include the prompts with your responses.

1. What are your career goals?
2. Tell us about your Activities, Honors/Awards, and Community Service
3. Choose one:
 - a. Tell us about a significant contribution you have made in the lives of others.
 - b. Describe how you have demonstrated leadership, either in the school or in the community.
4. Is there anything else you would like the scholarship committee to know when considering your application?

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 _____ Amy Kaiser, FRHS Guidance Counselor _____