

## COUNCIL OF CATHOLIC WOMEN SCHOLARSHIP APPLICATION

## I. ELIGIBILITY

Applicants must be a graduating high school senior woman who is a practicing member of Saint Patrick Catholic in Hudson, Wisconsin, and who wishes to pursue higher education at an accredited four-year college, community college, or vocational/technical school.

## II. CRITERIA

Scholarship recipients will be chosen according to the following criteria, listed in order of priority:

1. Faith
a. A personal relationship with God
b. Strives to develop her faith
c. Is involved in activities at Saint Patrick Parish

## 2. Academics

a. Displays a willingness to do her very best academically
b. Desires to achieve future goals in higher education
3. Character
a. Shows responsibility in school, church or community
b. Is involved in extracurricular activities (music, theater, sports, service, hobbies)

## III. CONTACT INFORMATION

Name: $\qquad$
Street Address: $\qquad$
City: $\qquad$
State: $\qquad$ Zip Code: $\qquad$
Phone: $\qquad$
Email: $\qquad$
$\qquad$ GPA: $\qquad$

## IV. APPLICATION INSTRUCTIONS

On a separate sheet of paper, please answer the following questions. Attach your answers to this application.

## ACCOMPLISHMENTS

1.In what areas have you been active in the Catholic Church?
2. How have you expressed your faith publicly?
3. Share how your faith has shaped your personal development.
4. List any extracurricular school or community activities.
5. List any special honors or awards you have received.

## SHORT ESSAY

1. Who do you say Christ is?
2.What are your educational plans for next year? Include your potential major/career/areas of interest.
2. Do you plan to remain active in your Catholic faith throughout your college years?

Submit your application by May 1, 2024 by placing your paperwork in the CCW Scholarship mail slot in the Saint Patrick Church office.

## VI. SIGNATURE

I wish to submit my application for the Saint Patrick CCW Scholarship. I certify that all information contained in this application is accurate to the best of my knowledge.

Sign:
Date:

