

2017 Our Lady of Lourdes Alumni Association Scholarship Application

APPLICANT'S DATA:

NAME: Last _____ First _____ Middle _____

ADDRESS _____ City _____

STATE _____ Zip Code _____

PHONE NUMBER () _____ DATE OF BIRTH _____

E-MAIL ADDRESS _____

PARENT NAME OR GUARDIAN INFORMATION:

Last _____ First _____ Middle _____

Telephone Number () _____

Relationship to Applicant _____

HIGH SCHOOL:

Name _____ Graduation Date _____

Address _____

Principal _____ Phone # _____

ACADEMIC INFORMATION:

Cumulative Grade Point Average _____ Class Rank _____

Type of Diploma _____

Please enclose an official copy of the high school transcript with the application.

ACTIVITIES-AWARDS-HONORS

Activity	Number of Years Participating	Office Held

Please attach an additional sheet for Activities-Awards-Honors if needed.