

"A Legacy of Excellence in Catholic Education"

4392 Clement Drive, S.W. Atlanta, Georgia 30331

March 12, 2019

Dear Applicant:

The Alumni Association of Our Lady of Lourdes School will present a scholarship to a 2019 graduating senior who will be attending a Catholic college or university in the fall of 2019.

Qualifications are as follow:

- 2019 High School Graduate
- Financial need FAFSA summary or other proof of income
- Recommendations from your principal or counselor and a teacher
- Minimum of a 3.0 grade point average
- A brief autobiography detailing your interest in attending a Catholic college or university and financial need.
- Completed Application

The deadline for the completed application, the two letters of recommendation and a transcript is April 12, 2019. The winner will be notified by April 19, 2019. Thank you for your interest.

Sincerely,

Jacquelyn S. Daniel

Jacquelyn S. Daniel, Ed.D. Chair, Scholarship Committee



"A Legacy of Excellence in Catholic Education"

March 12, 2019

Dear Senior Counselor:

The Alumni Association of Our Lady of Lourdes School will present a scholarship to a graduating senior who will be attending a Catholic College or University in the fall of 2019. Please find enclosed a packet of information detailing the application process for this scholarship. The packet consists of a letter to qualified students and an application form.

Applicants should be reminded to adhere to the April 12th deadline date and submit COMPLETE APPLICATION INFORMATION TO:

Dr. Jacquelyn Daniel 4392 Clement Dr. SW Atlanta, Ga. 30331

Neither incomplete nor late applications will be considered. Your assistance is needed in identifying qualified students to apply and to provide assistance in completing the application. If you have additional questions, please call Dr. Jacquelyn Daniel: 404-226-3548. Thank you for your assistance in the selection process.

Sincerely,

Jacquelyn S. Daniel Jacquelyn Daniel, Ed.D.

Cc: Principal

2019 Our Lady of Lourdes School Alumni Association Scholarship Application

APPLICANT'S DATA:		
NAME: Last	_ First	Middle
ADDRESS		City
STATE	Zip Code	
PHONE NUMBER ()	DA'	TE OF BIRTH
E-MAIL ADDRESS		
PARENT NAME OR GUARDIAN	N INFORMATI	ION:
Last	First	Middle
Telephone Number ()		
Relationship to Applicant		
HIGH SCHOOL:		
Name	Gı	raduation Date
Address		
	Phone #	
ACADEMIC INFORMATION:		
Cumulative Grade Point Average	Class Rank	
Type of Diploma		
Please enclose an official copy o	f the high schoo	ol transcript with the application.
ACTIVIT	TES-AWARDS	-HONORS
Activity	Number o Participati	}

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