

ST. AUGUSTINE COUNCIL OF CATHOLIC WOMEN SCHOLARSHIP APPLICATION FORM

A \$500 scholarship will be awarded to a St. Augustine's graduating senior pursuing a post secondary education.

NAME (First & Last):
PARISH REGISTERED:
PHONE:
PERMANENT ADDRESS:
PARENT(S)/GUARDIAN:
GRADUATING SCHOOL:
INSTRUCTIONS: PLEASE PROVIDE A TYPED ESSAY ANSWERING THE FOLLOWING QUESTIONS
1. What are your educational and/or career plans?
2. How do you make God a priority in your life and tell us about any ministries you have done at St. Augustine's and/or in our community?
3. Tell us how you have grown in your Catholic faith?

 $5. \ What \ vocation \ do \ you \ see \ God \ calling \ you \ to \ and \ why? \ (\ religious, \ marriage, \ or \ single)$

4. What church will you attend and how will you live your Catholic faith while pursuing your future plans?