

**CATHOLIC DAUGHTERS OF THE AMERICAS
MARY MOTHER OF MERCY #2143
HILLSBORO, TX 76645**

APPLICATION FOR LOCAL COURT SCHOLARSHIP

NAME OF APPLICANT _____ TELEPHONE _____

ADDRESS _____

DATE OF APPLICATION _____ AGE _____ SEX _____ SS# _____

NO OF MEMBERS IN FAMILY DEPENDENT OF FAMILY INCOME _____

EMPLOYMENT (IF ANY) _____

IN WHAT FIELD DO YOU PLAN TO SEEK FURTHER EDUCATION _____

WHERE DO YOU PLAN TO GO TO COLLEGE _____

WHAT ORGANIZATIONS HAVE YOU BEEN A PART OF _____

GIVE NAME OF TWO REFERENCES WITH THEIR ADDRESS AND PHONE NUMBER

INCLUDE YOUR HIGH SCHOOL TRANSCRIPT