

**ST. STANISLAUS YOUTH MINISTRY SCHOLARSHIP**

This scholarship is sponsored by the St. Stanislaus Youth Ministry Committee. It will be awarded to a student who meets the requirements listed on the front page. **The applicant must have been a member in good standing of the St. Stanislaus Youth Ministry for at least one year.** The applicant should also be a senior who will be graduated from an area public or parochial high school, and will be furthering their education.

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**PLEASE PRINT:**

APPLICANT'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
PARENT'S NAMES: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_ CURRICULUM: \_\_\_\_\_

DATE OF YOUTH MINISTRY MEMBERSHIP: \_\_\_\_\_

YOUTH MINISTRY ACTIVITIES IN WHICH YOU PARTICIPATED:

\_\_\_\_\_  
\_\_\_\_\_

ELEMENTARY SCHOOL YOU ATTENDED \_\_\_\_\_

WHAT COLLEGE/TECHNICAL SCHOOL WILL YOU BE ATTENDING?

\_\_\_\_\_  
FULL TIME \_\_\_ PART TIME \_\_\_ HAVE YOU BEEN ACCEPTED YET? \_\_\_\_\_

INTENDED MAJOR: \_\_\_\_\_ CAREER GOALS: \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES: (INCLUDING SCHOOL, PARISH AND  
COMMUNITY SERVICE ACTIVITIES)

\_\_\_\_\_  
\_\_\_\_\_

PERSONAL REFERENCES: \_\_\_\_\_

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**I HEREBY GIVE PERMISSION TO THE SCHOLARSHIP COMMITTEE TO  
CONFER WITH MY TEACHER, PERSONAL REFERENCE AND/OR MY  
COUNSELOR.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

**NO APPLICATIONS WILL BE ACCEPTED AFTER APRIL 24, 2020**