

**ROUTT CATHOLIC
SCHOLARSHIP APPLICATION**

PARENT NAME: _____

STUDENT NAME: _____

GRADE LEVEL: _____

GPA: _____ TOTAL NUMBER OF SERVICE HOURS: _____

STUDENT'S ACTIVITIES:

I WISH TO BE CONSIDERED FOR THE FOLLOWING SCHOLARSHIP(S):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RETURN COMPLETED FORM TO THE DEVELOPMENT OFFICE BY DEADLINE.