Application for Ozaukee County Council #2035 Post High School Tuition Grant

Name:							
(Last)	(First))	(MI)			
Address:							
	(Street & Ap	partment #)					
(City)		(State)	(Zip)				
Name(s) of Parent(s)/Grandparent(s)	s):						
Address:							
(Street & Apartment #)							
(City)		(State)	(Zip)		_		
Parishioner Num	ber Associated	with St. John's	XXIII:_				
Date of Birth:		Home Phone	e: ()			
High School:		Graduation 1	Date:				
(Nai			_	(High School)		
Name and address of	f the Institution	on you will be	attend	ing:			
Proposed field of stu	idv						

Activities in Hi	gh School (in school	l, parish and com	nmunity):
Please drop off, r	nail or e-mail completed	d applications with	essays to:
Ms. Dire St. J 1800 Port 262-	Maureen Rotramel ctor of Religious Educa ohn XXIII Parish N. Wisconsin Ave. Washington, WI 284-2102melm@stjohn23rd.org		
Applicant's Signa	ature:	Γ	Oate:
ESSAY REQUI	RED		
have influenced words or less an	essay describing your g you which you feel ma d double spaced descri have influenced you.	ke you eligible for ibing your goals a	this award. [500 nd life/parish

A separate page setting forth your essay MUST be submitted with your application.

(what is it about you that is unique or makes you stand out?)]

the Selection Committee to consider as to why you deserve the scholarship