

The Percy and Winifred Stary Family Scholarship Application

Date: _____

Last Name: _____ First Name: _____

Current Address: _____

City, State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Parent's Name: _____

EDUCATION HISTORY:

Holy Rosary Catholic School: _____

Years Attended: _____

Year Graduated from 8th grade: _____

High School: _____

Address: _____

City/Town/State: _____ Zip: _____

Year Graduated: _____

Junior Year GPA: _____ Senior Year GPA: _____

College: _____

Address: _____

City/Town/State: _____ Zip: _____

Years Attended: _____

Credits completed most current year: _____
(Designate as Quarter or Semester Credits)

GPA Most Current year: _____ **Degree/Program:** _____

Estimated Graduation Date from College: _____

Scholarships Awarded: Please give name of Scholarship Program, amounts of award and time frame for distribution.

Volunteer Programs, internships, extracurricular activities.

Return with:

- 1. Latest Original College Transcript**
- 2. The previous years' parents' Income Statement OR Students if independent.**

The deadline to apply is June 1st.

Return to Holy Rosary School, Advancement Office, 1043 Lake Avenue, Detroit Lakes, MN 56501

For more information call Terri Paskey, 218-847-5306

Or email tpaskey@holynosarycc.org