

# 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 8<sup>th</sup> 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.

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**Tell us your memories and what inspired you the most about Holy Rosary School.**

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**Return with:**

- 1. High School Transcript and Latest Official College Transcript**
- 2. The previous year of parent's Income Tax Statement OR Student Applying if independent.**

**The deadline to apply is June 1<sup>st</sup>.**

**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@holyrosarycc.org](mailto:tpaskey@holyrosarycc.org)