

# The Percy and Winifred Stary Family Scholarship Application

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Names: \_\_\_\_\_

## 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, 1043 Lake Avenue, Detroit Lakes, MN 56501  
For more information contact Jamie McDougall, 218-847-1393 or [jmcdougall@holyrosarycc.org](mailto:jmcdougall@holyrosarycc.org)**