

# The Percy and Winifred Stary Family Scholarship Application

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

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

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

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

Phone: \_\_\_\_\_ 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 Previously Awarded:** Please give name of scholarship program(s), amounts of award(s) and time frame(s) for distribution.

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**What inspired you the most about Holy Rosary School.** Please share a special memory you have of your time at Holy Rosary.

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Return with:

- 1. Your High School Transcript and Latest Official College Transcript

**Applications Will Be Accepted May 1<sup>st</sup> - June 15<sup>st</sup>**

Return to:  
Holy Rosary, Attn: Stary Scholarship Committee, 1043 Lake Avenue, Detroit Lakes, MN 56501

For more information contact Jamie McDougall, 218-847-1393 or [jmcdougall@holynosarycc.org](mailto:jmcdougall@holynosarycc.org)

Thank you for applying for the  
Percy & Winifred Stary Family Scholarship!