

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

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

Return with:

1. Your High School Transcript and Latest Official College Transcript

Applications Will Be Accepted May 1st - June 15st

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 jmc dougall@hollyrosarycc.org

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