



# JOHN B. HOHMAN MEMORIAL SCHOLARSHIP

## COLLEGE SCHOLARSHIP APPLICATION

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

College you will be attending: \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Career: \_\_\_\_\_

Academic and/or Athletic honors, awards, and/or other honors and the years of participation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other family members in college and other relevant factors that will affect your college financial resources:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarships and other financial aid expected. List and show amounts.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Estimate of yearly educational costs:

Tuition \_\_\_\_\_ Room and Board \_\_\_\_\_

Books & Misc. \_\_\_\_\_ Total \_\_\_\_\_

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Please attach a one page TYPED statement explaining why you would make a good recipient for this scholarship, how your Catholic education influenced your development as a person and how your experience will impact your future.

Please submit the statement and application to the office by: \_\_\_\_\_