



MARY JULIA DODD

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 _____

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: _____