



## PARISH SCHOLARSHIP APPLICATION

**\$1,000 Scholarship  
Award Year 2019-2020**

**Application DEADLINE- March 1, 2019**

Parish Scholarships are awarded to students active in a Catholic Parish within the **Diocese of Helena and the Diocese of Great Falls-Billings**, in memory of the deceased priests of the diocese. This \$1,000 scholarship is applicable toward full-time tuition at Carroll College for the upcoming academic year. Only one newly accepted student per parish may receive the scholarship each year. In some cases, individual parishes may match or add to the award. Students must be accepted for admission to be eligible for this award. Throughout the year portions of Carroll College grants/or scholarships may be replaced dollar for dollar with endowed funds. Receipt of athletic scholarships will reduce or may cancel this award.

Please send this application to your Parish (not Carroll College) by March 1<sup>st</sup>. The deadline for the Parish to notify Carroll College of their selection is March 15<sup>th</sup>.

A completed application will include:

- 1) This form with completed essay, and
- 2) Two letters of recommendation (one personal and one scholastic).

A student must be full-time (taking 12 semester hours) to maintain this scholarship.

### APPLICANT INFORMATION

Name \_\_\_\_\_ Major \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
High School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
High School grade point average \_\_\_\_\_ Catholic Parish \_\_\_\_\_

### OTHER SCHOLARSHIPS

List all other scholarships you have been awarded for the next academic year.

- 1) \_\_\_\_\_ Amount \_\_\_\_\_
- 2) \_\_\_\_\_ Amount \_\_\_\_\_
- 3) \_\_\_\_\_ Amount \_\_\_\_\_

**SCHOOL ACTIVITIES**

Organizations, offices, awards, honors:

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**OTHER ACTIVITIES**

Church, jobs, clubs, etc.:

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**PERSONAL ESSAY**

Attach a short, typed essay on why you want to attend Carroll College:

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My signature below indicates that all the information contained in this application is correct and honestly presented. I authorize Carroll College to provide the Parish Scholarship Committee with the information it requests.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR QUESTIONS CALL:** Financial Aid Office, Carroll College, 1601 N. Benton Ave., Helena, MT 59601  
800-992-3648 ext.5425 or 406-447-5425, Fax 406-447-5187 [www.carroll.edu](http://www.carroll.edu)  
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