

The Catholic Woman's Club Scholarship

The Catholic Woman's Club generously sponsors an annual scholarship to students enrolled at Saint Gertrude High School to be applied towards SGHS tuition. The scholarship is based on scholastic ability, financial status, leadership ability and community service. To be eligible for this scholarship, you must be a rising sophomore, rising junior or rising senior intending to return for the 2021-2022 school year.

This year, the Catholic Woman's Club is generously offering scholarships totaling \$5,000.

The Scholarship Application and Transcript Release Form are included in this pdf.

- Completed Transcript Release Forms should be brought directly to the SGHS Admissions Department.
- All applications must be received in the SGHS Admission Office by Friday, March 19, 2021.
- Recommendations should be mailed to: Saint Gertrude High School, Admission Office, 12829 River Road, Richmond, VA 23238. All required recommendations must be received by the SGHS Admission Office by Friday, March 19, 2021.

The Catholic woman's Club Scholarship Committee will determine the scholarship awards before the end of the school year. The scholarship winners will be announced at the awards ceremony in May.

If you have any questions, please don't hesitate to contact Stacey Nelson-Munro (snelson-munro@saintgertude.org) or Marcia Davis (mdavis@saintgertrude.org).



**SAINT
GERTRUDE
HIGH SCHOOL**

12829 River Road, Richmond, VA 23238
804-708-9500

PERMISSION TO RELEASE STUDENT PERMANENT RECORDS

PLEASE PRINT CLEARLY

Name of Student _____
First name Middle Last Name

Class of _____

I hereby authorize Saint Gertrude High School to release the transcript of the student named above to:

Scholarship Selection Committee
Catholic Woman's Club
2403 Lydell Drive
Richmond, VA 23228

Signature of Student if 18 years or older

Signature of Parent or Guardian

Date

CATHOLIC WOMAN'S CLUB
SCHOLARSHIP GRANT APPLICATION FORM

(TO BE FILLED OUT BY APPLICANT)

PERSONAL DATA:

FULL NAME OF APPLICANT: _____

HOME ADDRESS: _____

_____ TEL. NO.: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

PARISH : _____ CLASS LEVEL: _____

SCHOOLS ATTENDED & DATES: _____

SPECIAL INTERESTS: _____

FUTURE EDUCATION PLANS: _____

HONORS RECEIVED (SCHOLARSHIP, HONORARY SOCIETIES AND OFFICES HELD)

COMMUNITY SERVICE: _____

EXTRACURRICULAR ACTIVITIES: _____

REFERENCES: PLEASE ENCLOSE LETTERS OF RECOMMENDATION FROM YOUR CHURCH PASTOR AND TWO NON-FAMILY ADULTS.

NAME	POSITION	ADDRESS
1. _____		
2. _____		
3. _____		

FINANCIAL STATUS OF FAMILY:

Check below income bracket on family's gross income per federal tax reports filed in 20__.

- Under \$25,000 per year
- \$25,000 to \$35,000 per year
- \$35,000 to \$45,000 per year
- \$45,000 to \$55,000 per year
- \$55,000 to \$65,000 per year
- Over \$65,000

LIST ALL SIBLINGS AND THEIR AGE: _____

PLEASE GIVE PERTINENT FACTS AS TO YOUR SPECIAL NEED FOR THIS SCHOLARSHIP GRANT: _____

A TRANSCRIPT MUST BE SENT BY THE SCHOOL WITH THIS APPLICATION

DATE: _____ SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT: _____ VERIFYING ACCURACY OF INFORMATION