

Catholic Woman's Club Scholarship
Applications due Monday, April 12

The Catholic Woman's Club generously sponsors scholarships totaling \$5000 to students enrolled at Saint Gertrude High School to be applied towards SGHS tuition. The scholarships are based on scholastic ability, financial need, leadership ability, and community service. To be eligible, you must be a rising sophomore, junior, or senior intending to return for the 2021 - 2022 school year.

A completed application packet includes:

- Application
 - Applicant signature
 - Parent signature
- Recommendations - 3 needed
 - Church pastor recommendation
 - Non-family recommendation
 - Non-family recommendation
- Transcript
 - Completed transcript release form should be brought to the library

All applications must be received by Monday, April 12.

Recommendations should be emailed to Peggy Hanafin at phanafin@saintgertrude.org or mailed to:
Saint Gertrude High School

ATTN: Catholic Woman's Scholarship
12829 River Road, Richmond, VA 23238.

All required recommendations must be received by Monday, April 12 .

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, 2021.

If you have any questions, please don't hesitate to contact [Peggy Hanafin](#).

CATHOLIC WOMAN'S CLUB
SCHOLARSHIP GRANT APPLICATION

(Filled out by Applicant Only)

PERSONAL DATA:

FULL NAME: _____

HOME ADDRESS: _____

PLACE OF BIRTH: _____ **BIRTH DATE:** _____

PARISH: _____

CURRENT SCHOOL ATTENDING: _____

CURRENT CLASS LEVEL: _____

SCHOOLS ATTENDED AND DATES:

SPECIAL INTERESTS: _____

FUTURE EDUCATIONAL PLANS: _____

HONORS RECEIVED: (SCHOLARSHIPS, HONORARY SOCIETIES AND OFFICES HELD) _____

COMMUNITY SERVICE: _____

EXTRACURRICULAR ACTIVITIES: _____

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

REFERENCE NAME

TITLE

ADDRESS

1. _____

2. _____

3. _____

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LIST ALL SIBLINGS AND THEIR AGES:

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

DO YOU HAVE A PART-TIME JOB? YES NO

IF YES, HOW MUCH DO YOU CONTRIBUTE TO THE FAMILY INCOME? _____

A TRANSCRIPT FROM YOUR SCHOOL MUST ACCOMPANY THIS APPLICATION

SIGNATURE OF APPLICANT: _____ DATE: _____

FAMILY FINANCIAL INFORMATION: (please check your family's gross income)

- () Under \$75,000 per year
- () \$75,000 to \$90,000 per year
- () \$90,000 to \$105,000 per year
- () \$105,000 to \$120,000 per year
- () \$120,000 to \$135,000 per year
- () \$135,000 to \$150,000 per year
- () Over \$150,000 per year

SIGNATURE OF PARENT: _____ DATE: _____



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