ALL SAINTS CATHOLIC CHURCH
ENDOWMENT SCHOLARSHIP APPLICATION IN MEMORY OF CAROL P. AND NICK R. ZAGAR

NAME (First/Middle/Last) _____

BIRTH DATE (Month/Day/Year) _____ GENDER: Female ____ Male ____

(Must have begun college education no later than beginning the Fall semester in the year of your 20th birthday and terminate education no later than the end of the Spring semester in the year of your 24th birthday.)

HOME ADDRESS (Street/City/State/Zip Code) _____

HOME TELEPHONE NUMBER WITH AREA CODE _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN NAME(S) _____

ALL SAINTS TITHING MEMBER FOR AT LEAST THE 12 MONTHS PRIOR TO APPLICATION ___Yes ___No

(By signing this application you give permission to the Scholarship Committee to review your tithing history. Tithing does not apply to benefactor's descendants or seminary students.)

HIGH SCHOOL INFORMATION REQUIRED BELOW ONLY IF NOT CURRENTLY ATTENDING A COLLEGE/UNIVERSITY

HIGH SCHOOL NAME _____

HIGH SCHOOL COUNSELOR/ADVISOR NAME _____

HIGH SCHOOL COUNSELOR/ADVISOR TELEPHONE NUMBER WITH AREA CODE _____

HIGH SCHOOL COUNSELOR/ADVISOR E-MAIL ADDRESS _____

GRADE POINT AVERAGE ____ **(Must have maintained a GPA of at least a 2.5 in the last year of high school — ATTACH REASONABLE PROOF OF AN OFFICIAL TRANSCRIPT PROVIDED BY THE SCHOOL)**

COLLEGE INFORMATION

_____ I have been accepted (or) _____ I am currently attending (Student ID Number _____) the following regionally accredited college, community college, or university:

COLLEGE NAME AND ADDRESS (Street/City/State/Zip Code) _____
_____

GRADE POINT AVERAGE ____ **(Must have maintained a GPA of at least a 2.5 for the prior college semester if currently attending – ATTACH REASONABLE PROOF OF AN OFFICIAL TRANSCRIPT PROVIDED BY THE COLLEGE)**

_____

Please provide information to all categories below or indicate N/A if appropriate:

Offices and Leadership Positions Held _____

_____

_____

Organizations, Religious, and Community Activities_____

_____

_____

Other scholarships awarded _____

_____

_____

Other needs, abilities, talent or character to be considered _____

_____

_____

SIGNATURES (I verify that all the information included in this application is accurate.)

Applicant _____
Printed Name/Date _____

Parent/Guardian _____
Printed Name/Date _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION:

1. ***Reasonable proof*** *of acceptance from and/or admission to a* ***regionally accredited*** *college or* ***reasonable proof*** *of enrollment in next semester courses, if currently attending college.*

2. ***Reasonable proof of an official transcript*** *(provided by the college or school) showing that a GPA of at least a* ***2.5*** *has been maintained in the prior school year, if new applicant, or in the prior college semester, if previous recipient.*

3. *An* ***original letter dated and submitted*** *by you stating why you feel you are in need of this scholarship.*

Failure to complete this application in its entirety, failure to provide all the above referenced documentation that shows you have met the scholarship requirements, and failure to comply with the deadline will automatically disqualify you for an award. If qualified for an award, scholarship checks will be mailed directly to the college's Financial Aid office. Award amounts may vary in any given year due to funds available.

NEW APPLICATION AND DOCUMENTATION MUST BE POSTMARKED OR DELIVERED TO ALL SAINTS CATHOLIC CHURCH, 650 NE 52ND AVENUE, DES MOINES, IOWA 50313, NO LATER THAN THE LAST THURSDAY IN JUNE AT 3:00 PM FOR THE UPCOMING FALL SEMESTER.