

ST. PATRICK SOCIETY
QUAD-CITIES, U.S.A.
P.O. BOX 4487
DAVENPORT, IOWA 52808

SCHOLARSHIP APPLICATION

Date

Name

Legal Residence

() _____

Telephone Number

Date of Birth

Date of High School Graduation

Name of School Attending

Address of School

References:

St. Patrick Society Member

Address

High School Principal or Guidance Counselor

Address

Civic and Community Activities

In narrative form, give facts to explain why, in your opinion, you want this scholarship and are qualified to receive it.
(Please use back of this page if necessary.)

Send to: St. Patrick Society
Quad-Cities, USA
PO Box 4487
Davenport, IA 52808

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SCHOLARSHIP APPLICATION

Date

Recommendation of: High School Principal or Guidance Counselor

Name of Applicant

Name of School

Date of Graduation

Scholarship standing of the applicant in their graduating class:

Upper Fourth

Upper Half

Lower Half

No. in Graduating Class

SAT/ACT Score

Grade Point Average

Give your frank evaluation of the applicant, including your opinion of:

(1) potentiality as a college student; (2) character;

(3) other pertinent qualities to the situation.

Signature

Position

(This statement is NOT to be given to the applicant.)

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SCHOLARSHIP APPLICATION

Date

Recommendation of: St. Patrick Society Member

Name of Applicant

How long have you known this applicant?

State briefly why you feel the applicant is qualified to receive a scholarship for study at an accredited college.

Signature

Position

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SCHOLARSHIP APPLICATION

Date

Recommendation of: an Employer or Director of a Volunteer Agency

Name of Applicant

Name of Company or Organization

Position

Dates Covered

Give your frank evaluation of the applicant, including your opinion of:

(1) potentiality as a college student; (2) character; (3) other pertinent qualities to the situation.

Signature

Position

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