

PROVIDENCE

ALUMNI ASSOCIATION SCHOLARSHIP

Applicant Information

Applicant's (Student) full Name:

Applicant's Home Parish:

Applicant's Mailing Address :

Applicant's Phone: () -

Parent's Phone: () -

Applicant's date of birth:

/ /
(month) (day) (year)

Parent(s) E-mail:

Mother _____

Father _____

Student Information

Type of Student: (Check one) A _____ A/B _____ B _____ C _____ Below C _____

Extra Curricular Activities:
(Check all that apply)

- Academic Olympics
- Art Class/Club/Fair
- Band/Music
- Baseball
- Basketball
- Cheerleading
- Cross Country
- Dance
- Football
- Golf
- Gymnastics
- Math/Science/Quick Recall Team
- Scouts
- Soccer
- Softball
- Swimming/Diving
- Tennis
- Theatre
- Track
- Volleyball
- Wrestling

Awards/Community Service:
(Check all that apply)

Academic Achievements:

- Honor Roll
- NJHS
- Other _____

Community Volunteer: (List on separate sheet)

School/Parish Volunteer:

- Choir
- Church Picnics
- Concessions
- Fish Fry's
- Mass Lector
- Mass Server
- Student Ambassador
- Vacation Bible School helper
- Other _____

Applicant's Signature:

Date:

Parent's Signature:

Date:

APPLICATION MUST BE RECEIVED BY MARCH 13, 2021

PLEASE MAIL TO: Providence High School Attn: Krissy Van Laan
707 Providence Way, Clarksville, IN 47129

For questions concerning application please e-mail Kvanlaan@providencehigh.net or call Krissy at 812.945.3350 ext. 320