

MARY DIERKES MEMORIAL SCHOLARSHIP FUND

Student Application

PERSONAL DATA

Name: (Last name, first name) _____

Mailing Address: _____

Male ___ Female ___ Home phone: _____ Cell phone: _____

Email Address: _____ Date of birth _____

Parents'/Guardians' Names: _____

Did you attend Our Lady of Lourdes Interparish School? If so, when? _____

Did you attend Father Tolton Catholic High School? If so, when? _____

HIGH SCHOOL INFORMATION

High School from which you will graduate: _____

Year you will graduate: _____ Cumulative GPA _____

List all math and science courses you have taken: _____

List all honors courses or AP courses you have taken: _____

COLLEGE INFORMATION

Name of college or university you will be attending: _____

Anticipated major(s) and minor(s): _____

What are your career plans? _____

List any other scholarships for which you have already qualified (name/type and amount): _____

If there are any special financial circumstances which will affect your education, please describe: _____

What inspired you to apply for this scholarship? _____

Tell us about the person who has been most influential in your education. _____

SCHOOL AND COMMUNITY INVOLVEMENT

List all organizations in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, student government, civic, religious or social groups. Jobs may include volunteer work or internships.

Activity or job

No. of years

Position or office held

List any awards, honors or recognition received: _____

Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you, and why? _____

Please provide names and telephone numbers of three references (other than family members) the committee could contact regarding your character, academic potential or school and community involvement.

I hereby confirm that all information provided on this application is correct and I understand that any false information will disqualify me from eligibility.

(Signature of Applicant)

(Date)

Please attach a copy of your high school transcript.

Please attach of copy of your ACT scores.

To submit this application, either:

(1) Mail it, with attachments, to:

Robert Dierkes

3809 Scarborough Way

Jefferson City, MO 65109

OR

**(2) Scan it, and the attachments, into a PDF, and email to:
robert.j.dierkes@gmail.com**

**DEADLINE IS MARCH 29, 2019 IF YOU ARE SENDING BY US MAIL,
PLEASE MAIL BY MARCH 26, 2019.**