

**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? \_\_\_\_\_

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

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

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What inspired you to apply for this scholarship? \_\_\_\_\_

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

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## 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.

<u>Activity or job</u>	<u>No. of years</u>	<u>Position or office held</u>

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? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**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.**

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

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(Signature of Applicant)

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(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 31. IF YOU ARE SENDING BY US MAIL, PLEASE MAIL BY MARCH 27, 2020.**