

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.

<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? _____

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