



<i>Office Use Only</i>	
Date Received	_____
Application Reviewed	_____

West Catholic Band Boosters Academic Scholarship Application Form

Date Submitted: _____ **School Year Applying For:** _____

Date PSAS Mailed: _____ **Current Grade:** _____ **Cumulative G.P.A.** _____

Elementary/Junior High: _____

Student's Full Name: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Phone: _____ **email:** _____

Date of Birth: _____ **Sex:** M ___ F ___

Father's Full Name: _____

Mother's Full Name: _____

Letter of Recommendation Attached: ____ (Must not be from a family member)

Application Essay: Please describe your interest in Catholic school education and your qualifications for this scholarship. *Essay should be 250-500 words, double spaced and typewritten. Please attach essay to your application materials.*

<input type="checkbox"/> School Administration verifies that Student is in good standing with no current student or athletic probation	
Signature of School Administrator	Date

Applications Accepted: February 1 through April 1

- Letter of reference from band director
- Incoming Junior
- Minimum 2.8 GPA (must maintain)
- Financial need is a strong consideration
- Must complete current academic year in band



Name _____

Scholarship _____

CC ___ WC ___ Both ___ Date _____

Community Service Activities/Extracurricular Activities/ Awards and Honors

Please list your Christian Service:

Dates From/To (i.e. 12/08-12/09)	Hours	Christian Service Activities	Organization

Please list your Extracurricular Activities:

Dates From/To (i.e. 12/08-12/09)	Hours	Extracurricular Activities	Organization

Please list your Awards and Honors:

Dates From/To (i.e. 12/08-12/09)	Awards & Honors Received