

CARDINAL NEWMAN HIGH SCHOOL
CHRIS BROOKS MEMORIAL SCHOLARSHIP APPLICATION

Please type or print

Full name of applicant: _____ Current Grade _____

Name by which applicant prefers to be addressed: _____

Home Address: _____
Street or Route

City State Zip

Home Telephone Number: () _____ Birthdate: _____

Parent or Guardian: _____

Address(if different from above): _____
Street or Route

City State Zip

Name of Guidance Counselor: _____

Cumulative Grade Point Average: _____ Class Rank ___ of ___
(if known)

Achievements/Honors

Leadership

Volunteer/Community Service

Work Experience

Please provide any additional information you want the scholarship committee to know about you.

Financial Statistics

Annual Family Income _____
Number of Dependents _____
Number of students in college _____
Number of Students in private/Catholic school _____

Please provide information of extraordinary expenses or circumstances the Selection Committee should be aware of.

Signature of Applicant

Date

Signature of Parent/Guardian

Date