

**CARDINAL NEWMAN HIGH SCHOOL**  
**PETER F. MCCANN 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**

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**Leadership**

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**Volunteer/Community Service**

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**Work Experience**

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

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**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.

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Signature of Applicant

Date

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Signature of Parent/Guardian

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Date