**Corpus Christi Church Mineola New York**

***Continuing the Educational Mission Scholarship Award***

Dear ***“Continuing the Educational Mission” Scholarship Award*** applicant:

Thank you for your interest in applying for this scholarship.

Please read and review the attached scholarship description for the requirements and submission due dates. Application and all required documentation must be delivered to the rectory by hand or by mail by the due dates outlined in the scholarship description document.

If you have any questions regarding this application or the scholarship award program, please contact Deacon Brian Mannix at the rectory. The rectory telephone number is 516-746-1223.

Please complete the personal information section below:

**Applicant Information:**

|  |  |
| --- | --- |
| **First and Last Name:** |  |
| **Current Address:** |  |
| **Phone Number:** |  |
| **E-mail Address: (or that of Parent or Legal Guardian)** |  |
| **Current Grade or Educational Status:** |  |
| **Name of school you are presently attending:** |  |
| **Name of school that you are planning to attend in August/September 2024:** |  |
| **Address of school that you plan to attend in August/September 2024.** |  |
| **Estimated year of graduation:** |  |
| **Parent’s or Legal Guardian’s Name:** |  |
| **Parent’s or Legal Guardian’s Phone number:** |  |

|  |  |
| --- | --- |
| **Name of those recommending you:** | **Relationship to those recommending you: (ex. teacher, coach, counselor)**  |
| 1. |  |
| 2. |  |
| 3. |  |

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_