



# SCS Alumni Association Scholarship Application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

Contact information: phone number- \_\_\_\_\_ e-mail address- \_\_\_\_\_

COLLEGE OR UNIVERSITY YOU ARE PLANNING TO ATTEND:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

The following items must be completed and attached to application:

1. Number of service hours performed to date since beginning your high school career at Springfield Catholic High School \_\_\_\_\_ (Confirmed by Mrs. Nancy Derryberry)- \_\_\_\_\_
2. Attach your current transcript from SCHS listing current GPA;
3. Attach a maximum 250 word essay (typed) describing how your education at Springfield Catholic Schools prepared you for the next step in your educational journey to college;
4. Attach a separate sheet of paper listing your extracurricular activities and the number of years in which you participated in each.

*\*\*I hereby confirm the above named student will have completed all required courses and will be eligible for graduation from SCHS.*

Principal, Springfield Catholic High School/Date: \_\_\_\_\_

*\*\*I hereby confirm the above named student has performed admirably as a student during his/her tenure at SCHS.*

Springfield Catholic High School Teacher/ Date: \_\_\_\_\_

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To be completed by Central Office Staff or SCS Alumni Assn. Scholarship Committee:

Date application was received: \_\_\_\_\_

Confirmed all necessary attachments received: Yes\_\_\_ No\_\_\_

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**Completed applications must be received before March 1, 2012: SCS Alumni Association  
Central Office - Development  
2340 S. Eastgate  
Springfield, Missouri 65809**