THE EDWARD J. GIRA, C.R. MEMORIAL AWARD

THE ST. JOSEPH’S CATHOLIC WOMEN’S LEAGUE SCHOLARSHIP

Criteria:

* A graduating student
* An active member of the parish
* Pursuing a post-secondary education (proof to be provided)
* One who demonstrates Christian living and community involvement

Deadline for submission to Mrs. Fergus: **Monday February 4, 2019**

Please print:

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where do you hope to attend in the fall and which program:

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1. How often do you attend this parish?

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1. Which is your regular Mass time?

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1. What is the priest’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Would he recognize your face and your name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. List the activities you have volunteered for, at this parish, over the last 4 years:
4. List the activities you have volunteered for, in your community, over the last 4 years:
5. How do you meet the requirement of financial need? Consider commenting on other dependents, parental income, personal income and any special circumstances:

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1. Provide any other information you deem pertinent for consideration:

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Signature of Parish Priest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_