



Deacon Bernard E. Slate Scholarship

NOTE: Before completing this application, please be sure you will be able to meet the local application deadline, which is Friday, May 17, 2024.

Name In Full: _____
(Do not use initials. Please underline family name.)

Permanent Mailing Address:

(Street or P.O. Box #) (City or Town) (State) (Zip Code) (Telephone)

Date of Birth: _____
(Day) (Month) (Year)

Person to notify in case of Emergency: (name, address, relationship, & phone number)

Education:

- ❖ Do you intend to continue on to higher education? Yes____No_____
- ❖ Have you been accepted by an institution of higher education? Yes____No_____
- ❖ If "Yes" name the institution: _____

INSTRUCTION TO APPLICANTS:

1. Provide the following information on separate pages:
 - a. A brief autobiography describing your academic strengths and weaknesses, work experience, career objectives and other significant events in your life.
 - b. A detailed statement of what your proposed field of study will be and how this relates to your career objectives.
 - c. A list summarizing your principal non-academic or non-employment interests and activities.
2. Read and sign the "Applicant's Certification" section on this form.

APPLICANT'S CERTIFICATION:

I hereby apply for the Deacon Bernard E. Slate Scholarship in the amount of \$500

Signature of Applicant

Date

Please return this application to the HCS Guidance Office by Friday, May 17, 2024.