

ST. ELIZABETH CHRISTIAN WOMEN'S ROSARY SOLDALITY GROUP

APPLICATION FOR SCHOLARSHIP

Name _____

Address _____

Parent's Name(s) _____

Name of college you are planning on attending: _____

What trade or degree are you seeking? _____

List of organizations you belong to: _____

List any special achievements that you have accomplished: _____

Is your mother a member of the St. Elizabeth's Christian Women's Rosary Sodality? _____

Applicant's Signature _____ Date _____

Please send this application to St. Elizabeth's Christian Women
15300 110th Ave NE
Foley, MN 56329

or put in envelope labeled St. Elizabeth's Christian Women Scholarship
and put Church Collection basket

Scholarships will be given out at the Baccalaureate Reception.