

## St. John the Evangelist Scholarship Application

Applicant Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell# \_\_\_\_\_

Email address: \_\_\_\_\_

Parent or Guardian names: \_\_\_\_\_

College/University you will be attending: \_\_\_\_\_

### Checklist:

\_\_\_\_\_ Copy of acceptance letter from the college you will be attending

\_\_\_\_\_ Essay

\_\_\_\_\_ Completed application sheet

\_\_\_\_\_ date submitted

Student Signature

Please return completed application along with your Essay to Debbie Lysik by April 30, 2025.