## St. Matthew Catholic Church Teen Stewardship Scholarship Application

## **Student Applicant Information**

Name:			
Family Mailing Address:			
Name of Parent(s)/Guardian:			
Home Phone:	Email address:		
Date of Birth:	Date of Cor	nfirmation:	
High School:	Est. G	raduation Date (month/year):	
College you plan to attend:			
<b>Service Project Document</b>	ation Requirements		
<ol> <li>Purpose of Project</li> <li>Description of organizati</li> <li>Description of service we</li> <li>Quantified benefit to org</li> <li>Scholarship candidate's e</li> <li>Nomination letter from o</li> <li>Photos and/or video docu</li> <li>Essay detailing the important</li> <li>List of other ministry or com</li> </ol>	organization/individual that be umenting service project with ace of being a good Catholic so inmunity service volunteer wor	ce was performed n/individual g service ed and how their Catholic faith was impacenefitted from service	
	v Catholic Church and curre	ently in the 11 <sup>th</sup> or 12 <sup>th</sup> grade. I planned minimal direction or assistance from my	
· ·	photographs or video foota	Date  Catholic Church and the Roman Catholicge of my child that accompany this appl	
Signature of Parent/Guardian		Date	
Signature of Parent/Guardian		Date	

CONTEST APPLICATION AND SUPPORTING DOCUMENTATION DUE April 15, 2023. Submit either electronically to <a href="maintenance@stmatthewcatholic.org">finance@stmatthewcatholic.org</a>, or hard copy to office.