CATHOLIC DAUGHTERS OF THE AMRICAS - COURT ST. JOSEPH #1410

Jenny Adamo College Scholarship Application Year 2024

Student's Name:	
Student's High School:	
Address of Student:	
Cell Number:	Home Number:
Student please check the Parish you attend: St. Edwa	rds Catholic St. Mels Catholic
St. Mary Magdalene Catholic St. Matthews Ca Oscar Romero Catholic	tholic Corpus Christi Catholic St
Name of Parent(s) or Guardian(s):	
Father's or Guardian's Occupation:	
Mother's or Guardian's Occupation:	
Parent's or Guardian's GROSS YEARLY INCOME:	
Number of family members living at home:	

(Note: Scholarship is based on merit and need)

Student please list your community volunteer work and community service involvement throughout your high school years. Please list the name of organization including time dedicated in hour(s), week(s), month(s), year(s), and grade level at time of service, contact person including a contact phone number.

1. Name of Organization:

Time dedicated in hours, or weeks, or months, or years, including grade(s) level at the time:

2 Name of Organization: ______

Time dedicated in hours, or weeks, or months, or years, including grade(s) level at the time:

Student list your high school extra-curricular activities along with contact name and phone number: (examples – athletics, clubs, organizations, class offices, committees, tutoring, student government, etc.)

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	nors, awards, recognitions, a		
osition held, hours v	y employment history throug vorked per week, employer o Yes or No	contact name with contact p	
lame of Employer: _			
lame of Employer: _ mployer contact info			
mployer contact info	ormation:		
mployer contact info		Phone Number:	
mployer contact info lame: tudent Position Title	ormation:	Phone Number:	

The Catholic Daughters of the Americas – Court St. Joseph #1410 Committee sincerely congratulates you on your graduation and your time and effort put into applying for this scholarship.