



# MOUNT ALOYSIUS COLLEGE

## MARY CYPHER MADDEN SCHOLARSHIP APPLICATION

All information on this application is optional, however, many scholarships are only available to individuals who meet specific criteria. Should you leave a question(s) blank which would determine your eligibility for this scholarship, you automatically become ineligible. You must apply for federal and state grants before consideration for scholarship eligibility will be given.

THE DEADLINE FOR APPLICATIONS IS May 3, 2010.

PLEASE PRINT OR TYPE (Illegible applications and applications without signature and date will not be considered).

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE #( ) \_\_\_\_\_

AGE \_\_\_\_\_ G. P. A. \_\_\_\_\_ MAJOR \_\_\_\_\_ SAT SCORE: \_\_\_\_\_

2010 H.S. GRADUATE OF: \_\_\_\_\_

(Name of Catholic High School)

ATTACH A SEPARATE SHEET INDICATING YOUR 1) CAREER ASPIRATIONS; 2) HOW A SCHOLARSHIP WILL ASSIST YOU IN MEETING YOUR EDUCATIONAL GOALS, AND 3) ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO KNOW.

\*LIST ANY RELATIVE(S) WHO ATTENDED MOUNT ALOYSIUS. INCLUDE RELATIONSHIP TO YOU AND DATE(S) THEY ATTENDED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*SPECIFY HONORS, AWARDS AND DATES. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*SPECIFY ANY SERVICE ACTIVITIES AND LEADERSHIP ROLES HELD DURING HIGH SCHOOL  
\_\_\_\_\_  
\_\_\_\_\_

I understand that a scholarship is considered a financial aid resource, and, when combined with other financial aid resources, may affect the amounts of other financial aid resources (for example: OVR, Southern Alleghenies, etc) My signature confirms that the information provided on this application is true to the best of my knowledge. All decisions from the scholarship committee are final.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

SCHOLARSHIP APPROVED?  YES  NO SCHOLARSHIP AWARDED: \_\_\_\_\_

ACADEMIC YEAR APPLIED: \_\_\_\_\_ YEARLY AMOUNT OF SCHOLARSHIP: \_\_\_\_\_ FALL/SPRING

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_