ELIGIBILITY CRITERIA:

- Graduate of a Stark County Catholic High School
- Current member of a Catholic parish
- Sophomore, Junior or Senior (2016 Fall Semester)
- Minimum 2.5 cumulative GPA
- Financial Need
  *Must complete FAFSA & Walsh University Application for Financial Aid by deadline*
- Scholarship is non-renewable

*Please do not remove cover sheet*
PERSONAL INFORMATION

Name ________________________________________________________________

Student ID____________________ or SS#______________________________

Home Address ______________________________________________________

STREET   CITY   STATE   ZIP

Campus Address ____________________________________________________

BOX NO.   VOICE MAIL NO.   E-MAIL

Phone Number Home__________________________    Cell____________________

High School: ____________________________    Current Parish________________

COLLEGE INFORMATION

Current Class Standing:  □ Senior   □ Junior   □ Sophomore   □ Freshman

Degree________________________ Program_________________________ Major________________

Cumulative Grade Point Average_________ Fall Semester Grade Point Average________

I will complete graduation requirements by_______________________________

EXTRA-CURRICULAR ACTIVITIES

Please list activities and organizations in which you have participated at Walsh (or, high school activities incoming freshman):

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

List all non-college related activities:

________________________________________________

________________________________________________

________________________________________________

If selected for this scholarship, you have my permission to send a press release to local papers acknowledging my award. The local paper for my community is ___________________________________________ Your signature: __________________________

I agree that the information provided is true and I agree to allow the Scholarship Committee to verify any or all information with the appropriate campus offices.

Signature________________________ Date________________________

Please return to Carmela Bendetta, Scholarship Coordinator, by March 15, 2016
Walsh University, 2020 East Maple Street, North Canton, OH 44720-3336 • Questions: 330-490-7596