

**ST. JOSEPH LADIES GROUP**  
**SCHOLARSHIP APPLICATION**

**Complete all items and sign the application.**

**For questions please contact:**

**Doris Kresse, 713/823-8029, d\_kresse@hotmail.com**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

School Attending Now \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Number of sisters/brothers living at home \_\_\_\_\_

Number of sisters/brothers attending college \_\_\_\_\_

Will it be necessary for you to provide part of the financing for your education? \_\_\_\_\_

Have you been offered any other scholarships? \_\_\_\_\_

If so, did you accept \_\_\_\_\_ What is the amount? \_\_\_\_\_

What college do you plan to attend? \_\_\_\_\_

Have you received a letter of acceptance? \_\_\_\_\_

What is your proposed field of study? \_\_\_\_\_

Will you be a full-time or part-time student? \_\_\_\_\_

**Please list the names of ALL organizations, societies and/or clubs that you have been a member of during the 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grade years. Also include ALL religious activities, community service, honors, leadership positions, employment and/or special recognition you have received. Indicate the years of involvement for each activity or honor. (Use additional sheet if necessary)**

School Organizations, Societies and Clubs:

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Community Organizations and Community Service Activities:

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Church and Religious Activities:

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Leadership Positions Held:

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Honors and Awards:

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**I certify that I have read and understand the guidelines and eligibility requirements of this scholarship. I hereby state that all the information contained in this application form and the supplementary documents is accurate to the best of my knowledge. I also understand that this scholarship may be revoked if I fail to enroll in a college or university taking a minimum of 12 semester hours in the fall of 2025, or if any of the information contained in this application is found to be false**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

