

**ST. BERNARD WOMAN'S CLUB**

**SCHOLARSHIP APPLICATION**

**Applicant's name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Current High School Applicant is now attending.**

**Name** \_\_\_\_\_

**Please write 100 to 150 words telling your goals to further your education and also if you have hobbies or have done any volunteer work in the community. Give background in your work experience.**

**Furnish two letters of recommendation from a teacher, counselor, priest, minister or supervisor.**

**Provide the name of the college you wish to attend and what major you will be studying.**

**Applicant must be a full time resident of St. Bernard.**

**Completed application with attachments due to St. Bernard City Hall by APRIL 27, 2018.**