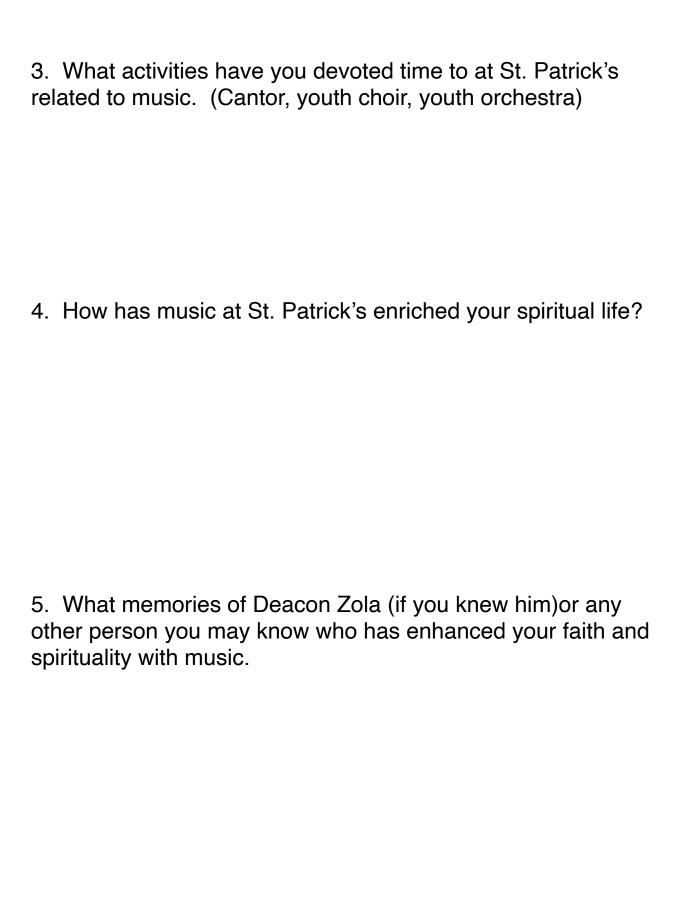
## Deacon David Zola Memorial Scholarship for Music

Name:			
(Las	t)	(First)	(Middle)
Address:			
Phone Number: (	)	Date of Birtl	າ:
Name and Address of Parent/Guardian:			
1. How long have	you attende	ed St. Patrick's	?
2. When did mus (Family, school, cl		ne important in	your life?



Please attach the following:

- 1. Letter of reference from High School faculty member or administrator.
- 2. Letter of reference from a St. Patrick's parish member who has witnessed you sharing your love of music and faith.
- 3. Please note that if you need more space to answer the questions above please attach answers to this application.

Please submit completed application to mary.tate@stpaturbana.org by April 14th.

One \$500 scholarship will be awarded annually at the Graduation Mass. Recipient will be notified during the first week of May.