

Jerry McArthur Scholarship

Name:			
(Last)	(First)	(Middle)	
Address:			
Phone Number: ()	Date of Birth:	
Name and Address	of Parent/Guardia	an:	
Please list all the acthroughout your hig	ctivities you have on the school years (so	ick's? devoted service to at St. Pat erving, Coffee Shop, CREW	, Mission Trip

Community Service Work:
Describe a time you performed an Act of Kindness:
High School Accomplishments, Awards, Clubs, Sports, or Activities:
Name of the College/University, Trade School, or other Institution you will attend:
Field of Study

Please Attach the following: (Must accompany the application or may be grounds for disc	qualification),

- 1. Letter of reference from a High School faculty member or administrator.
- 2. Letter of reference from a non-related St. Patrick's parish member.
- 3. If more space is need to answer the questions above please attach answers to this application.
- 4. Please submit completed application to mcarthur.scholarship@stpaturbana.org
- 5. One \$500.00 scholarship will be awarded annually at the Graduation Mass. Recipient will be notified 1st week of May.