



**ROBERT H. WEAVER
SCHOLARSHIP
APPLICATION**



Robert H. Weaver Council #12005

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

HIGH SCHOOL ATTENDED: _____

ARE YOU A REGISTERED MEMBER OF OUR LADY OF MERCY PARISH? _____

LIST COLLEGES/UNIVERSITIES/TRADE SCHOOLS YOU HAVE APPLIED TO:	ACCEPTED?
1. _____	_____
2. _____	_____
3. _____	_____

LIST EXTRACURRICULAR AND VOLUNTEER ACTIVITIES AND LEADERSHIP POSITIONS, IF APPLICABLE:	POSITION:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

(ATTACH ADDITIONAL SHEET IF REQUIRED)

LIST AWARDS AND HONORS RECEIVED:

YEAR RECEIVED

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

SIGNATURE OF APPLICANT

DATE

CHECKLIST:

- | | | |
|----|---|-------|
| 1. | THREE (3) LETTERS OF RECOMMENDATION ATTACHED: | _____ |
| 2. | 500 WORD ESSAY ATTACHED: | _____ |
| 3. | APPLICATION COMPLETED IN FULL & SIGNED: | _____ |

PLEASE ALLOW ADEQUATE TIME FOR MAILING APPLICATION AND INFORMATION REQUIRED.

APPLICATIONS RECEIVED AFTER THE DUE DATE WILL NOT BE CONSIDERED.