

ROBERT H. WEAVER SCHOLARSHIP APPLICATION 2025



Robert H. Weaver Council #12005

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:		
MAIL:		
IIGH SCHOOL ATTENDED:		
ARE YOU A REGISTERED MEMBER OF OUR LADY OF MEF	CY PARISH?	
IST COLLEGES/UNIVERSITIES/TRADE SCHOOLS YOU HA	AVE APPLIED TO:	ACCEPTED?
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IST EXTRACURRICULAR AND VOLUNTEER ACTIVITIES A EADERSHIP POSITIONS, IF APPLICABLE:	IND	POSITION:
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10		(ATTACH ADDITIONAL SHEET IF REQUIRED)	
		<u>PAGE 2</u>	
LIST AV	WARDS AND HONG	ORS RECEIVED:	YEAR RECEIVED
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SIGNATURE OF APPLICANT		DATE	
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		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 INFOMRATION REQUIRED.

APPLICATIONS RECEIVED AFTER THE DUE DATE WILL NOT BE CONSIDERED.

Applications Due by 4:00 June 20, 2025