

HOLY GHOST PARISH

518 Washington Street

Whitman, MA 02382

PARISH SCHOLARSHIP

Applicant Information

Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ E-Mail Address: _____

Father's Name: _____ Mother's Name: _____

Current High School: _____ Graduation Date: _____

Previous School Attended: _____

Please list all ministries and volunteer activities that you are/were involved with at Holy Ghost Parish with dates: (Use separate sheet if necessary)

Ministry/Activity

Date

On a separate sheet, please write a short paragraph (100 words) reflecting on how your faith has influenced your life and/or on your experiences at Holy Ghost Parish.

With this application, please attach two Letters of Recommendation, including one from a teacher, administrator or counselor from your school and a copy of your current transcript.

Your Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please mail or drop-off completed application with attachments by June 15th to:

Holy Ghost Parish

Scholarship Administrator

518 Washington Street

Whitman, MA 02382

To be eligible for a scholarship, you must currently be a participating member of Holy Ghost Parish, expect to graduate from Whitman-Hanson Regional High School or Cardinal Spellman High School this year and have applied to college.