

*Catholic Daughters of the Americas*  
CALIFORNIA STATE COURT

**APPLICATION FOR CALIFORNIA STATE SCHOLARSHIP**

INSTRUCTIONS: Please type or print; complete the application below. The following information must also accompany the application to be considered:

1. Official sealed transcript of High School scholastic record.
2. Letters of recommendation from:
  - a) Priest or religious or supervisory lay-person you have worked with and for while performing apostolic service.
  - b) Two teachers of academic subjects.
  - c) Employer, activity or club advisor, or school counselor
3. Applicant biography – include extracurricular activities in Church, school and community; honors and awards received; offices held; your future goals and reason for applying for this scholarship

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**PERSONAL INFORMATION**

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

**COURT INFORMATION**

Sponsoring Court \_\_\_\_\_  
Mother is a member \_\_\_\_\_ Yes \_\_\_\_\_ No Name \_\_\_\_\_  
Grandmother is a member \_\_\_\_\_ Yes \_\_\_\_\_ No Name \_\_\_\_\_

**ACADEMIC INFORMATION**

High School Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

College Preference  
1 \_\_\_\_\_ Applied \_\_\_\_\_ Yes \_\_\_\_\_ No Accepted \_\_\_\_\_ Yes \_\_\_\_\_ No  
2 \_\_\_\_\_ Applied \_\_\_\_\_ Yes \_\_\_\_\_ No Accepted \_\_\_\_\_ Yes \_\_\_\_\_ No  
College Major \_\_\_\_\_ Vocational Choice \_\_\_\_\_

**ACADEMIC / FINANCIAL SUMMARY:**

**EXPENSES** for Academic Year

Tuition \$ \_\_\_\_\_  
Other Fees \_\_\_\_\_  
Room and Board \_\_\_\_\_  
Transportation \_\_\_\_\_  
Books and Supplies \_\_\_\_\_  
Personal Needs \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**INCOME** for Academic Year

Parental Help \$ \_\_\_\_\_  
Student Savings \_\_\_\_\_  
Summer Job(s) \_\_\_\_\_  
Student Employment \_\_\_\_\_  
Other \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Have you applied for any other scholarship(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Indicate if recipient and the amount: \_\_\_\_\_

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Employer's Name \_\_\_\_\_ Salary \_\_\_\_\_

**FAMILY OBLIGATIONS:** Number and ages of family dependents

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your application. This application and the required information specified on the front page **MUST** be postmarked by:

**APRIL 15, 2012**

Mail completed packet to

Lei Genevieve Vanek  
State Chairman, Education  
1914 Lockwood Avenue  
Fremont, CA 94560  
(510) 656-8847

Please note: all information on this application and required information specified on the front page will remain confidential.