

*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, 2011**

Mail completed packet to

Mary Tafoya  
State Chairman, Education  
606 S. View Ave.  
Visalia, CA 93292  
(559) 739-7222

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