

THE BAKER – YINGLING ATHLETIC SCHOLARSHIP APPLICATION

STUDENT

Full Name: _____

Date of Birth: ___/___/___ Social Security Number _____ - _____ - _____ Phone _____

Address/City/State/Zip: _____

Email Address: _____

Participated in St John Athletic Programs from (years) _____ to _____

Tell us in 250 words or less why you deserve to be awarded this scholarship. (Please Attach)

Please attach copies of Elementary School Grades or High School Transcripts and SAT Scores

Accepted by _____ for school year _____

What other Scholarships have you applied for/received

FAMILY INFORMATION – Include Guardian, if applicable

	<u>Mother</u>	<u>Father</u>
Name	_____	_____
Address (es)	_____	_____
Occupation	_____	_____
Children in Family-Name & Ages	_____	

Total Household Income	\$ _____	

COMMUNITY ACTIVITIES

Please return the completed application package by **June 15th** of the current school year to

Baker-Yingling Scholarship Committee
St. John Catholic Church – Parish Center

43 Monroe Street
Westminster, MD 21157

PLEASE INCLUDE ALL ATTACHMENTS OR YOUR APPLICATION WILL NOT BE CONSIDERED.

A Scholarship Fund of the Community Foundation of Carroll County, Inc.