

CATHOLIC DAUGHTERS OF THE AMERICAS SCHOLARSHIP

NAME:-----  
          LAST                  FIRST                  MIDDLE                  SS#

ADDRESS:-----

PHONE:-----

MALE/FEMALE: BIRTHDATE:-----US CITIZEN YES/NO

EDUCATIONAL STATUS:-----

CAREER INTEREST OR COLLEGE MAJOR-----

WORK EXPERIENCE:-----  
                          TYPE OF JOB          PLACE                  DATES

UNIVERSITY YOU PLAN TO ATTEND:-----

FINANCIAL AID NEED: EXPLAIN ANY PERSONAL CIRCUMSTANCES THAT ARE PERTINENT TO FINANCIAL NEED:

CURRENTLY EMPLOYED: YES/NO

WRITE AN ESSAY EXPLAINING WHY YOU FEEL YOU DESERVE A SCHOLARSHIP. INCLUDE ANY INFORMATION YOU WISH TO BE CONSIDERED IN THE DECISION TO AWARD THE SCHOLARSHIP.

FOR EXAMPLE:

1. EXCEPTIONAL HARDSHIP, SET-BACK, OR PERSONAL EXPERIENCE THAT HAS SHAPED YOUR ABILITIES, OR ACADEMIC CREDENTIALS.
2. EXCEPTIONAL ACHIEVEMENTS OR SPECIAL TALENTS.
3. EDUCATIONAL GOALS
4. PERSONAL RESPONSIBILITIES
5. A COMMUNITY SERVICE PROJECT YOU HAVE BEEN INVOLVED WITH AND ITS IMPACT ON YOU AND THE PEOPLE YOU SERVICED.

We, Catholic Daughters of the Americas, as a donor, require not only our scholarship to be tied to academics, but to help a student in good standing, who has financial need for assistance to continue his/her education in the nursing or dental field. Upon graduation, we require one year of service to a Harlingen Medical or Dental Facility. Submit application and required documentation to the TSTC Financial Aid Office. Applications will be reviewed by the Catholic Daughters of the Americas.