MATER DEI CATHOLIC HIGH SCHOOL
GENERAL SCHOLARSHIP APPLICATION

STUDENT NAME_____
First Middle Last

HOME ADDRESS_____
Number Street

_____
City State Zip Code

HOME TELEPHONE:_____ EMAIL:_____

PARISH: _____ GRADE SCHOOL:_____

FATHER_____EMPLOYER/OCCUPATION_____

MOTHER_____EMPLOYER/OCCUPATION_____

FAMILY FINANCIAL INFORMATION

*****This section is not needed for the Zuroweste, Klostermann, and Becker Scholarships*****

Financial Need – Please indicate your family's adjusted gross income for last year.
(Verifiable by IRS Form 1040)

_____under $20,000	_____$50,000 - $60,000	_____$90,000 - $100,000
_____$20,000 - $30,000	_____$60,000 - $70,000	_____$100,000 - $110,000
_____$30,000 - $40,000	_____$70,000 - $80,000	_____$110,000 - $120,000
_____$40,000 - $50,000	_____$80,000 - $90,000	_____ over $120,000

Dependant Children/Ages:_____

Please indicate any financial circumstances or considerations which would have a bearing on your financial commitment to Mater Dei Catholic High School.

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_____

- A letter of recommendation from your pastor or the principal of the last school attended.
- A short essay on "Why I Want to Attend Mater Dei"
- A copy of your most recent report card.
- A list of school activities you participated in during grades 7 & 8

We certify that our responses on this application are true and factual.

_____
Signature of Parents or Guardians

Date_____

Note: The deadline for submitting the completed application form and accompanying materials is May 1. Please return to: Mater Dei Catholic High School Attn: Dennis Litteken, 900 North Mater Dei Dr., Breese, IL 62230