



TRINITY CATHOLIC HIGH SCHOOL

926 NEWFIELD AVENUE • STAMFORD CT 06905 • 203.322.3401 • WWW.TRINITYCATHOLIC.ORG

APPLICATION TO BE CONSIDERED FOR THE 2019-2020 WILLIAM NAYDEN MEMORIAL SCHOLARSHIP

DEADLINE: MARCH 1, 2019

STUDENT INFORMATION

STUDENT'S NAME (PRINT) _____
Last First Middle

HOME ADDRESS _____
Street Address City State Zip

HOME PHONE _____ PARENT CELL PHONE _____

E-MAIL ADDRESS _____

STUDENT'S CURRENT GRADE _____

TO BE CONSIDERED, YOU MUST DO ALL OF THE FOLLOWING:

- ATTACH A COPY OF THE CURRENT SCHOOL YEAR'S REPORT CARD
- LIST ANY SCHOLARSHIPS OR AWARDS YOU RECEIVED FOR THE NEXT SCHOOL YEAR.

NAME OF SCHOLARSHIP/AWARD	AMOUNT
---------------------------	--------

- LIST ANY EXTRA-CURRICULAR ACTIVITIES YOU CURRENTLY PARTICIPATE IN THAT SHOW LEADERSHIP, WHETHER IT IS IN ACADEMICS, ATHLETICS, SCHOOL SPIRIT, AND/OR COMMUNITY INVOLVEMENT

- WRITE A ONE PAGE ESSAY STATING WHAT THE WILLIAM NAYDEN MEMORIAL SCHOLARSHIP WOULD MEAN TO YOU AND HOW YOU COULD MAKE A DIFFERENCE TO THE TRINITY CATHOLIC HIGH SCHOOL COMMUNITY.
- ATTACH TWO LETTERS OF RECOMMENDATION: ONE FROM A TEACHER AND ONE FROM AN ADMINISTRATOR, COACH, GUIDANCE COUNSELOR OR COMMUNITY SERVICE MENTOR

- NOTE: INCOMING STUDENTS MUST HAVE PAID THEIR \$200 REGISTRATION FEE TO BE CONSIDERED FOR THIS SCHOLARSHIP

- NOTE: ALL APPLICANTS ARE REQUIRED TO FILL OUT A FACTS GRANT AND AID APPLICATION. PLEASE SEE THEIR WEBSITE AT [HTTPS://ONLINE.FACTSMGT.COM/SIGNIN/3CXZB](https://ONLINE.FACTSMGT.COM/SIGNIN/3CXZB) TO COMPLETE YOUR APPLICATION.

**APPLICATION TO BE CONSIDERED FOR THE
WILLIAM NAYDEN MEMORIAL SCHOLARSHIP
PAGE 2**

TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT LIVES WITH

BOTH PARENTS MOTHER FATHER GUARDIAN

PARENTS MARTIAL STATUS (PLEASE CHECK ONE)

MARRIED SINGLE SEPARATED DIVORCED WIDOW/WIDOWER

FAMILY BACKGROUND

FATHER OR GUARDIAN

MOTHER OR GUARDIAN

Mr. Dr. Other

Mr. Dr. Other

Name _____

Name _____

If different from student's information:

If different from student's information:

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Marital Status Married Widowed
 Separated Divorced

Marital Status Married Widowed
 Separated Divorced

E-mail _____

E-mail _____

Name of Employer _____

Name of Employer _____

Position _____

Position _____

Business Address _____

Business Address _____

Business e-mail _____

Business e-mail _____

Annual Salary _____

Annual Salary _____

Number of Dependent Children _____

Number of Dependent Children _____

Name	Age	School	Tuition
------	-----	--------	---------

Name	Age	School	Tuition
------	-----	--------	---------

Please attached proof of income—a copy of your IRS W2 form for the year 2017 for both father and mother.

By signing below, I declare that the information provided above is true, correct and complete.

Parent/Guardian Name (print) _____

Signature _____ Date _____

Once completed, please return this form to the Admissions Office