



TRINITY CATHOLIC HIGH SCHOOL

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

APPLICATION TO BE CONSIDERED FOR THE 2019-2020 BRIAN BILL MEMORIAL SCHOLARSHIP

DEADLINE: MARCH 1, 2019

GIVEN TO A JUNIOR ENTERING HIS/HER SENIOR YEAR

STUDENT INFORMATION

STUDENT'S NAME (PRINT) _____
Last First Middle

HOME ADDRESS _____
Street Address City State Zip

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

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

- IN RECOGNITION OF BRIAN'S LIFE AND LEGACY, WRITE A ONE PAGE ESSAY STATING WHAT THE BRIAN BILL MEMORIAL SCHOLARSHIP WOULD MEAN TO YOU.

- ATTACH TWO LETTERS OF RECOMMENDATION: ONE FROM A TEACHER AND ONE FROM AN ADMINISTRATOR, COACH, GUIDANCE COUNSELOR OR COMMUNITY SERVICE MENTOR

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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 _____

E-mail _____

E-mail _____

Name of Employer _____

Name of Employer _____

Position _____

Position _____

Annual Income _____

Annual Income _____

Number of Dependent Children _____

Number of Dependent Children _____

| Name | Age | School | Tuition |
|-------|-----|--------|---------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

| Name | Age | School | Tuition |
|-------|-----|--------|---------|
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| _____ | | | |
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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