



# TRINITY CATHOLIC HIGH SCHOOL

926 NEWFIELD AVENUE • STAMFORD CT 06905 • 203.322.3401 • [WWW.TRINITYCATHOLIC.ORG](http://WWW.TRINITYCATHOLIC.ORG)

## APPLICATION TO BE CONSIDERED FOR THE 2019-2020 TRISTAN LIPPMANN MEMORIAL SCHOLARSHIP

DEADLINE: MARCH 1, 2019

**GIVEN TO A JUNIOR ENTERING HIS/HER SENIOR YEAR  
AMOUNT: \$3,000**

### 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

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- WRITE A ONE PAGE ESSAY STATING HOW ATTENDING TRINITY CATHOLIC HIGH SCHOOL HAS HELPED YOU MAKE A DIFFERENCE IN YOUR COMMUNITY.
- ATTACH TWO LETTERS OF RECOMMENDATION: ONE FROM A TEACHER AND ONE FROM AN ADMINISTRATOR, COACH, GUIDANCE COUNSELOR OR COMMUNITY SERVICE MENTOR.
- ACCEPTANCE OF THIS SCHOLARSHIP REQUIRES YOU TO DO 20 HOURS OF COMMUNITY SERVICE AT THE STAMFORD MUSEUM AND NATURE CENTER. THESE CAN BE A PART OF, OR IN ADDITION TO YOUR REACH OUT HOURS. YOU MUST PROVIDE DOCUMENTATION OF YOUR COMMITMENT OF THESE HOURS BEFORE YOU BEGIN, AS WELL AS PROOF OF THE HOURS SERVED.

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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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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