



Dorothy Wewer Narcovich Scholarship

To provide scholarships to students who are members of St. Mauritius Roman Catholic Church or St. Joseph's Roman Catholic Church, both located in Ashland, PA and who will be attending any Catholic High School in Schuylkill County or the surrounding area. Preference shall be given to students who have attended a Catholic elementary school. Students shall be selected on the basis of overall ability and need, commitment to the community through service outside the classroom environment and leadership.

Applicants, please be aware that there cannot be any exceptions to established deadlines.

Applicant Data

Name: Last	First	Middle Initial
Address: Street		Apartment
City	State	Zip
Phone ()	E-mail	
Social Security Number		

Parent Information

Father's Name	Occupation
Address	
Mother's Name	Occupation
Address	

Elementary and High School Data

1. Applicants must submit a copy of their most recent transcript of grades.

Name of Elementary School attended:		
High School Name:		
High School Address:		
City	State	Zip
High School Graduation Date: Year		

Financial Information

a. Cost of tuition	\$
b. Parents' combined gross income	\$
c. Other available sources of aid	\$
d. Number of brothers and sisters attending Catholic school	

School and Community Activities

List all school, extracurricular, community and religious activities in which you have participated during the past four years. Please list the activities in the order of importance to you. Use an additional sheet, if necessary.

Activity	No. of Years Participated	Leadership Positions	Awards and Recognition

Unusual Circumstances

Please report any family, personal or financial circumstances which you think warrant consideration; e.g., financial hardship, disabilities, family separation, unusual family responsibilities.

Member of St. Mauritius Roman Catholic Church YES NO

Member of St. Joseph's Roman Catholic Church YES NO

Priest's Signature _____ Date _____

References

Please provide the names of two people, preferably teachers, whom the Schuylkill Area Community Foundation may contact for recommendations in support of your application.

Name	Address	Phone	Occupation

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

**ALL APPLICATIONS MUST BE RECEIVED BY THE FOUNDATION
NO LATER THAN 12 NOON ON APRIL 1
TO BE CONSIDERED FOR THE SCHOLARSHIP**

**Schuylkill Area Community Foundation
216 South Centre Street
Pottsville, PA 17901
(570) 624-7223**