

PLEASE COMPLETE THE FOLLOWING AND RETURN

PLEASE NO ATTACHMENTS  
ONLY ONE STUDENT PER APPLICATION  
PLEASE USE BLACK INK ONLY

Date: \_\_\_\_\_

**To: Saint Thomas More Scholarship Committee  
P.O. Box 294  
Drexel Hill, PA 19026**

From: \_\_\_\_\_  
(Please print name of Submitter)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

What is student's connection to STM?

Relationship to student (Grand Parent, Parent, Uncle, etc) \_\_\_\_\_

Is relative a graduate of STM? Yes \_\_\_ No \_\_\_ Graduating Class \_\_\_\_\_

Is relative an active member of the STM Alumni Association Yes \_\_\_ No \_\_\_ Deceased \_\_\_



**SCHOLARSHIP APPLICATION FOR  
SCHOOL YEAR 2010 – 2011**

**Submit before January 31, 2010**

Student's Name: \_\_\_\_\_  
(Please print)

Student's Address: \_\_\_\_\_  
(Street,)

\_\_\_\_\_  
(City, State, Zip)

Current School and Grade: \_\_\_\_\_

School and Grade for 2010-2011 School Year: \_\_\_\_\_

(Continue on reverse side)

Tell us about the student's grades in school and their extracurricular activities.

Is student involved in parish activities? If so, please identify.

Is student disabled in any way? If so, please describe.

Are there any special family situations that we should know about? If so, please describe.

SIGNATURE OF SUBMITTER \_\_\_\_\_  
(Name of Alumni Member)

DO NOT ENTER DATA BELOW THIS LINE: COMMITTEE USE ONLY

APPLICATION # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

MEMBER'S INITIALS: \_\_\_\_\_

STUDENT RANKING \_\_\_\_\_