

**2019 COLLEAGUE CHILDREN'S SCHOLARSHIP PROGRAM  
APPLICATION FORM**

**Submission Deadline: Friday, April 12, 2019**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Colleague Parent Name: \_\_\_\_\_ Colleague #: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent's Supervisor: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SAT Scores:** Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Subject \_\_\_\_\_ Total \_\_\_\_\_

**Class Rank:** Top Quarter \_\_\_\_\_ Top Half \_\_\_\_\_ Grade Point Average \_\_\_\_\_ out of \_\_\_\_\_

**Higher Education Plans:**

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**Institutions Accepted to:**

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**Other Scholarship(s) and/or Financial Aid Received (if any):**

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**Describe Your Level of Financial Need:**

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**Describe Your Academic, Athletic and Civic Honors:**

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**Describe Your Major Interests, School Leadership Activities and Extracurricular Activities:**

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**Describe Your Community Service Involvement and Current and/or Past Work History:**

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**Evaluate Yourself as a Person:**

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Please complete the following **Essay**. Use as much space as necessary. An additional page(s) is acceptable.

**Describe your career objectives, what considerations led you to choose these objectives and how college (higher education) will help you achieve these objectives.**

Applicant Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

Principal/Counselor Signature: \_\_\_\_\_  
(circle one)

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

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### Checklist of Required Components:

- \_\_\_\_\_ Complete Application (signed and dated)
- \_\_\_\_\_ Essay
- \_\_\_\_\_ Letter(s) of Recommendation
- \_\_\_\_\_ Original Transcript, as of (at least) Second Semester of Senior Year

**ALL COMPONENTS MUST BE SUBMITTED TO BE CONSIDERED  
DURING THE SELECTION PROCESS.**

### Submit to:

Colleague Children's Scholarship Program – Whitney Hubbs Dionne  
Saint Francis Foundation  
95 Woodland Street  
Second Floor  
Hartford, CT 06105

**PLEASE MARK YOUR ENVELOPE PERSONAL/CONFIDENTIAL.**

Thank you for your submission!