

**2021 COLLEAGUE CHILDREN'S SCHOLARSHIP PROGRAM
APPLICATION FORM**

Submission Deadline: Friday, April 16, 2021

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Email: _____

Colleague Parent Name: _____ Department: _____

Email: _____ 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 (i.e. BA in English; BS in Finance):

Institutions Accepted to:

How will you pay for college?:

Scholarships/Financial Aid:

Describe Your Level of Financial Need:

Describe Your Academic, Athletic and Civic Honors:

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

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

Evaluate Yourself as a Person:

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: _____

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Checklist of Required Components:

- _____ Complete Application (signed and dated)
- _____ Essay
- _____ Letter(s) of Recommendation
- _____ Original Transcript, through First 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, 2nd Floor
Second Floor
Hartford, CT 06105

Or email to whitney.hubbsdionne@trinityhealthofne.org

PLEASE MARK YOUR ENVELOPE PERSONAL/CONFIDENTIAL.

Thank you for your submission!