St. Fabian Women's Club
Scholarship Committee

8300 S. Thomas Ave.
Bridgeview, IL 60455

Barbara Miarka Scholarship Application 2019

1. Name _____

2. Address _____

City _____ **State**_____ **ZIP**_____

3. Phone ~ Home _____ **Cell** _____

PLEASE TYPE OR PRINT LEGIBLY,
YOUR RESPONSES ARE VERY IMPORTANT TO OUR COMMITTEE.

Contact for Questions: Paula Daley @ 708-458-2562

Please send applications to: St. Fabian Women's Club Scholarship Committee
8300 S. Thomas
Bridgeview, IL 60455
Attn: Paula Daley, Chairman

Applications must be received no later than,
Monday, April 29, 2019

Scholarship Amount: $500.00

For Office Use Only: _____

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4. High School _____

City _____ **State** _____

5. Grade Point Average: _____

6. College Planning to Attend _____

City _____ **State** _____

7. St. Fabian Parish Activities ***(include year/s and length of activity)***
(only those activities that are done OUTSIDE regular classroom time can be accepted)
Please use separate sheet, if necessary.

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8. Community Service Activities *(include year and/or length of activity)*

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9. Extra-Curricular Activities *(include year and/or length of activity)*

Please use separate sheet, if necessary.

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10. Please tell us about yourself — Your personal history, your goals, what you hope to accomplish, etc. *Please use separate sheet, if necessary.*

11. Why do you feel you should receive this scholarship?
Please use a separate sheet, if necessary.

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