

Schroeder Family Memorial Scholarship Application Form – Education Year 2025 - 2026

(Application must be received by email or in person by September 5, 2025)

Telephone: 919-552-8758 Email: bus.mgr@stbnc.net

Applicant General Information Full Name: Home (Mailing Address): City: _____ State ____ Zip____ Telephone: _____ Cell Phone: _____ Date of Birth: _____ Gender: ____ High School: _____ Graduation Date: _____ High School (City & State): Education Completed (At this time): High School Senior Undergraduate Associate Degree Other (specify) Cumulative Weighted GPA (4.0 scale): Cumulative Unweighted GPA (4.0 scale): College / School (Current or Planned): Area of Concentration: Major: ______ Minor: _____ Anticipated Graduation Date: ___/_____ Degree: _____ Extracurricular Activities (Include employment related): Catholic or Community Activities (Past 2 years):

Updated: 16Aug2025

Family Information				
Parent(s) / Guardian Nar	mes:			
Home (Mailing Address):			
		State		
Telephone:		Cell Phone:		
Contact Email:				
	Academic Fi	nancial Need Informati	ion	
Financial Period Covered: Semester		One Year Other (specify)	
Projected Expenses:		Projected Resources:		
Tuition	\$	Parents / Relative	\$	
Fees	\$	Personal	\$	
Books & Supplies	\$	Other Scholarships	\$	
Other (specify)	\$	Loans	\$	
		Other	\$	
Total Projected Expenses \$		Total Projected Resources \$		
Personal References				
= =		ers of recommendation (1 page litivities / work related experience	·	

Transcripts, Proof of Enrollment & Personal Essay

Each application must include the following:

- <u>Proof of current enrollment or acceptance to attend</u> an accredited four-year university/college, community college or trade school.
- A typed, single-spaced essay (2 page limit) briefly describing your goals, aspirations and career plans.

All requested application information is accurate to the best of my knowledge.			
Student Signature:	Date:/		