

MARQUETTE CATHOLIC HIGH SCHOOL  
APPLICATION  
**WORK SCHOLARSHIP**

**PLEASE PRINT**

Student Name: \_\_\_\_\_  
(Last) (First)

Grade in school 2017-2018 school year: 9 10 11 12

Parents Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Work Preference: Summer 2017**

**June:** \_\_\_\_\_

**July:** \_\_\_\_\_

**Please note: There are a limited number of spots available in this program, and submitting this application does not guarantee a spot. We will do our best to accommodate those students that wish to participate.**

**Please return the application by March 31, 2017 to:  
Scholarship Committee  
C/O Principal  
Marquette Catholic High School  
219 East 4<sup>th</sup> Street  
Alton, IL 62002**