

GEORGE E. RATH SCHOLARSHIP APPLICATION

Please type or print all of the following information and attach acceptance letter or transcript.
Late and incomplete applications will not be considered.

APPLICATION DEADLINE: **May 15** for the academic year beginning in the Fall

Application for Academic Year _____

Applicant name: _____

Applicant home address: _____

Cell phone: _____ Email: _____

Clergy Parent Name: _____

Parent's home address (if different): _____

Parent Cell phone: _____ Email: _____

* * * * *

I have been accepted at: _____

OR *Attach copy of acceptance letter*

I am currently enrolled at: _____

Attach copy of certified transcript for current academic year

Mailing address of school (required): _____

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Applicant Name (print) Signature Date

* * * * *

I certify that I am canonically resident in the Diocese of Newark and that the above information for my son/daughter is correct.

Clergy Parent Name (print) Signature Date

Please submit via email with requested documents by 5:00pm on May 15 to:

ccaprice@dioceseofnewark.org