

# 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): \_\_\_\_\_

\_\_\_\_\_

\* \* \* \* \*

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](mailto:ccaprice@dioceseofnewark.org)