

SS. Isidore and Maria Parish/Joseph J. Melzen Sr. Memorial Scholarship  
2024 APPLICATION

NAME: \_\_\_\_\_ Student Cell phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone/Cell: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

High School Now Attending: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Please list siblings of applicant, followed by any other dependents.

Name	Age	Dependent Yes/no	Name of school or college and relationship
_____			
_____			
_____			

Name of college or other institution of advanced learning to which you have been accepted  
\_\_\_\_\_

Field you plan to major in: \_\_\_\_\_

Tuition Fee (1<sup>st</sup> year) \_\_\_\_\_ Years need to complete degree \_\_\_\_\_

SCHOLARSHIP AWARDS WILL BE DETERMINED ON THE BASIS OF THE FOLLOWING:

1. Activities or services within the church, community, school, and home
2. Scholastic Rating (**Please provide high school transcript**)
3. Financial need
4. Other considerations

**Please enclose any additional information and explain in detail any special circumstances that will assist the committee in evaluating your application.**

**APPLICANT SIGNATURE;** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Return form to: Joseph Melzen Jr. 281 Spring St. Ext. Glastonbury, Ct. 06033 or  
Melz281@sbcglobal.net*

**APPLICATION MUST BE RETURNED BY MIDNIGHT ON MAY 31, 2024**