

All American Scholar Award Application

Please type or print all information. Must be **received** by March 1, 2025.

Student must be a Catholic Life Insurance Member.

Certificate #: _____

GENERAL INFORMATION

Name _____ DOB _____

Mother's Name _____ Father's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email* _____

Local Newspaper(s) _____

*This is our primary form of communication with applicants. Please provide an email address that you check frequently (you may use your parent's email address), as you will receive important notifications from us regarding your application status via email. We do not share this information or send spam.

COLLEGE/UNIVERSITY/TRADE SCHOOL INFORMATION

Intended School for Fall Semester _____

Mailing Address _____

City _____ State _____ Zip _____

(If you are applying for more than one school, please indicate your top choice above.)

HIGH SCHOOL INFORMATION

School Name _____

Street Address _____

City _____ State _____ Zip _____

Graduation Date _____ Class Rank _____

Class Size _____ Cumulative GPA (4.0 scale) _____

SIGNATURES

I hereby apply for a Catholic Life All American Scholar Award and acknowledge that I am a member in good standing. I attest that all of the information above is true and complete to the best of my knowledge.

Student's Signature _____ Email _____ Date _____

Parent's Signature _____ Email _____ Date _____