

# Catholic COMMUNITY FOUNDATION OF MID-MICHIGAN

## *The Fr. Robert G. Navarre College Scholarship Application*

Last name:

First name:

Email:

Phone number:

Eligibility:

- Financial need and grade point average will be considered when choosing the recipient of the scholarship.
- Applicants must be practicing Catholics.

(As allowed by the fund, scholarship(s) of a maximum of \$1,000 will be awarded for up to four years.)

I have reviewed the eligibility requirements related to this scholarship and am confident that I meet any/all necessary criteria.

I acknowledge that by submitting this application, I allow the selection committee to access relevant records retained by any Catholic parish, Catholic school and/or public school in order to determine my eligibility for this scholarship. This may also include contacting appropriate parties to confirm information supplied by the candidate.

If selected as the scholarship recipient, I acknowledge and give permission for the Catholic Community Foundation of Mid-Michigan to use my name and/or image in media announcements related to this award.

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Name of Catholic school (s) you attended / date(s) of graduation:

Cumulative grade point average:  
(Submit an official transcript with application)

Financial need will be considered when choosing the recipient of the scholarship. You are welcome, but not required to, include any information that you feel would help the committee better understand your financial need.

Applicants must be practicing Catholics. Please list the parish where you/your family are currently registered.

Applicants are not required to but may submit a letter(s) of support/recommendation from members of school / parish staff who are able to affirm and speak to the applicant's eligibility based on the criteria of the scholarship. Related documents must be submitted with the completed application.

Please list the any items that you have included in addition to the application.

College(s) you applied to / plan to attend:

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I affirm that all information contained within and/or as part of this application is accurate and true to the best of my knowledge.

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A completed application and related documents must be submitted in a single document/attachment to:

- Electronically: [scholarships@dioceseofsaginaw.org](mailto:scholarships@dioceseofsaginaw.org)  
(Please list only the name of the scholarship in the subject line of the email)
- Mail: Diocese of Saginaw  
Attention Office of Catholic Schools  
(CCFMM Scholarship)  
5800 Weiss St.  
Saginaw, MI 48603

Applications received after the deadline will be not be accepted.

The Catholic Charities Foundation of Mid-Michigan, the Office of Catholic Schools and any related parties are not responsible for any format/technology errors that may result in an application not being reviewed.

