## The Larry J. Oswald Memorial Scholarship Application

Last name:	First name:
Email:	Phone number:
<ul> <li>For a scholarship to a graduating (four-year) Nouvel Catholic Central student who is admitted and enrolled in an accredited college/university of his/her choice.</li> <li>For a student who can show financial need. The student must have a minimum grade point average of 3.0 throughout their four years of high school at Nouvel.</li> <li>Integrity, character, and dedication to studies will be considered in selecting the recipient of the scholarship.</li> </ul>	
$\square$ I have reviewed the eligibly requirements related to this scholarship and am confident that I meet any/all necessary criteria.	
$\square$ 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.	
$\square$ 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.	
Year of graduation from Nouvel Catholic Central H	ligh School:
Financial need is a criterion for this scholarship. You are welcome to include any evidence / statement that may help the committee in their review.	
Cumulative grade point average: (Submit an official transcript with application)	
Integrity, character, and dedication to studies will be considered in selecting the recipient of the scholarship. You are welcome to, but not required, to submit a statement to these	

traits and how you have displayed them.

Applicants are strongly recommended to submit letters 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.

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

College(s) you applied to / plan to attend:
$\Box$ I affirm that all information contained within and/or as part of this application is accurate and true to the best of my knowledge.

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

- Electronically: <a href="mailto:scholarships@dioceseofsaginaw.org">scholarships@dioceseofsaginaw.org</a>
  (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 not be accepted.

The Catholic Community 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.

