The Scott Dangel Scholarship Application

Last name:	First name:
Email:	Phone number:
college/university of hi	te who exhibits athletic ability and who is working up to his/her
☐ I have reviewed the eligibly meet any/all necessary criteria.	y requirements related to this scholarship and am confident that I
relevant records retained by an	nitting this application, I allow the selection committee to access by Catholic parish, Catholic school and/or public school in order to is scholarship. This may also include contacting appropriate supplied by the candidate.
	ip recipient, I acknowledge and give permission for the Catholic d-Michigan to use my name and/or image in media announcements
Year of graduation from Nouv	rel Catholic Central High School:
•	r a male or female athlete who exhibits athletic ability and who is ential academically. You are welcome, but not required, to include e met it this requirement.
	mended to submit letters of support/recommendation from aff who are able to affirm and speak to the applicant's eligibility tolarship.
Please list the any items that ye	ou 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 an true to the best of my knowledge.	ıd

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

• Electronically: 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 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.

