OF MID-MICHIGAN

Last name:

Cumulative grade point average:

The Maria Elizabeth Paquette Memorial Scholarship for the Advancement of Life Application

First name:

Email:	Phone number:		
 A graduating Nouvel Catholic Central student accredited college/university of his/her choice The applicant must have attended Nouvel for Nouvel Catholic Central High School. For a student who exhibits financial need and average of 2.0 in order to receive this award. Complete a 750 to 1,000-word essay, the required 	e. The at least two years and be a graduate of the distribution of		
☐ I have reviewed the eligibly 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.			
		Year of graduation from Nouvel Catholic Central H	igh School:
			ouvel Catholic Central High School grade (entire year) grade (entire year)
Maria Paquette continues to inspire us to reach our § 750 to 1,000-word essay on how you would strive to never knew personally. What kind of legacy do you complete the essay and include it with the submission	want to create for your life? You may		

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:

(Submit an official transcript with application)

 \square 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: 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.

