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## High School Scholarship Application for the 2017-2018 School Year

**Guidelines:**

- A separate application must be completed for each member applying.
- Completed applications must be received by **March 31, 2017**. **No exceptions will be made.**
- Incomplete applications will be disqualified.
- Please mail completed applications to:  
Fraternal Department, Catholic Financial Life, 1100 W. Wells Street, Milwaukee, WI 53233.
- If you have any questions, please contact the Fraternal Department at 800-927-2547 or 414-273-6266
- If member is selected to receive a scholarship, he/she will be notified by June 30, 2017.
- **Check will be made payable to the school/payment office and sent to the member.**

Qualification Criteria: **Student must be a financial member of Catholic Financial Life for at least one continuous year prior to applying for the scholarship, which means he/she is the primary insured on a life insurance certificate or an annuitant.** In other words, the student must have his/her own policy. Student must have performed a minimum of five service hours with one or more of the following: 1) A Catholic Financial Life chapter, 2) Society of St. Vincent de Paul, or 3) Other non-profit organization. Award preference given to students who provide service to a branch/chapter and/or the Society of St. Vincent de Paul and to students who exceed the minimum number of service hours required. Service must be completed between April 1, 2016 and March 31, 2017. Service documentation must accompany the application. \$500 scholarships will be awarded to members attending a Catholic high school based upon the above criteria and, if necessary, a random drawing. Maximum of one award per household annually. Must apply annually. **Application deadline is March 31, 2017.**

*\*Completing this application does not guarantee receipt of a scholarship.*

Member name \_\_\_\_\_ Policy number \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Chapter number \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone number \_\_\_\_\_

Grade in fall 2017 \_\_\_\_\_ School name \_\_\_\_\_

City/State \_\_\_\_\_ Diocese \_\_\_\_\_

Make check payable to \_\_\_\_\_ (School or Business Office)

*\*Scholarship awards are designated for tuition and required school fees.*

**Signature:**

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

Signature of member \_\_\_\_\_ Date \_\_\_\_\_

Check this box if you DO NOT wish for Catholic Financial Life to use and reproduce your name and image in any media or promotional materials (Web site winners list, press releases to newspapers, Catholic Financial Life magazine, etc.)