



**BLACK CATHOLIC NETWORK of the DIOCESE OF DALLAS
2010 SCHOLARSHIP APPLICATION**

Guidelines

1. Applicant must be a practicing Black Catholic residing within the boundaries of the Catholic Diocese of Dallas. The applicant must meet all qualifications for entry into, be accepted by, and enrolled in an institution of higher learning, as defined in Guideline 2.
2. The scholarship money is to be used to pay for education in a university, college, junior college, technical or trade school, business school or seminary. The selection of the institution is the student's choice. The scholarship money will be paid to the institution of the student's choice upon written confirmation of the student's enrollment at the institution.
3. Scholarship applicants must be high school graduates of the class of 2010 or mid-term (December 2009) high school graduates who exhibit good character and academic standing.
4. The applicant must express a need for financial assistance.
5. The Education Committee of the Black Catholic Network of the Diocese of Dallas will select three (3) \$1,000 scholarship winners from all completed applications.
6. The application must be complete, all instructions followed, and all materials submitted by the dates listed in Part 6.
7. **TYPE ALL INFORMATION.**

Part 1

Applicant Name: _____
(Last) (First) (Middle)

(Permanent Address) (State) (Zip Code)

I hereby apply for the 2010 Black Catholic Network Scholarship in the amount of \$1,000 to be used for my education-related expenses at _____ (name of institution) during the 2010-2011 academic year.

Name of parent/s or guardian/s (circle one): _____

Address (if different): _____

Other financial assistance and amounts awarded for 2010-2011 academic year: _____

Number and ages of siblings living at home: _____

Father's name/occupation: _____

Mother's name/occupation: _____

I declare upon my honor that the aforementioned statements and attachments are true and correct to the best of my knowledge.

(Applicant Signature)

(Date)

Part 5 (to be completed by applicant's pastor)

I hereby confirm that _____ (applicant's name) is an active member of this parish and recommend his/her to receive a \$1,000 scholarship from the Black Catholic Network of the Diocese of Dallas to help defray his/her educational expenses.

(Pastor's Signature)	(Date)
(Parish Name)	(City)

Part 6 This educational scholarship application and other required items must be **postmarked no later than March 31, 2010. No applications will be accepted if faxed, e-mail, or hand-delivered.** Submit all materials to:

Black Catholic Network Education Committee
Attn: Rita Gracia
Catholic Diocese of Dallas
PO Box 190507
Dallas, TX 75219-0507

<u>FOR EDUCATION COMMITTEE USE ONLY</u>					
Part 1	1	2	3	4	5
Part 2	1	2	3	4	5
Part 3	1	2	3	4	5
Part 4	1	2	3	4	5
Part 5	1	2	3	4	5
Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/>			
Signed by: _____			_____		
(Name)			(Date)		