The Martin T. Galvin Memorial Scholarship Fund





2025 Application

Student-Applicant:				
Last Name	First Name			
Home Address:	City/Zip:			
Parents' Name and Phone:	Parents' Email:			
Eligibility is limited to high school students who are (Catholic, registered at a parish, and have a family member who belor	ng.		
to the Lawyers Guild of the Diocese of Cleveland or	a parent who is a practicing attorney in the Diocese of Cleveland.			
Lawyers Guild Member or Attorney Name:	Relationship:			
High School Student <u>Currently</u> Attends:				
Address:	City/Zip:			
Student High School and Grade Level in 2025-202	6 School Year:			
Home Parish:				
Address:	City/Zip:			
Student-Applicant: Extracurriculars				
Please list extracurricular activities you are involved	ed in either at school, your parish or in your community. Feel free to	o		
include any additional personal factors such as lea				

Student-Applicant: Essay Write an essay (not to exceed 500 words) on the "Lessons to be learned from the life and death of St. Thomas More." (Please print below or type on separate sheet)

Recommendation from your Pastor, a Teacher, or other person from your school or parish (Please print below or type on separate sheet)

Ву:			
Name 1	Title		Date
			
Signature		Date	
<i>3</i>			

Principal Comn	nents (Please print below or type on separate sheet)
	······································
D : . I.C:	
Principal Signa	ture Date
*Please verify t	hat this application is accurately completed and that all documentation is included:
	Application
	ssay
	Academic transcript/or most recent report card
F	Recommendation
F	Principal comments
Applications m	nust be received or postmarked by March 15, 2025.
Please email (p	oreferred) the completed packet to kcraig@dioceseofcleveland.org
OR	
Mail to:	
The Ma	rtin T. Galvin Memorial Scholarship Fund

The Martin T. Galvin Memorial Scholarship Fund Catholic Diocese of Cleveland 1404 East Ninth Street – 7th Floor Cleveland, OH 44114