

## Promilla D'Souza Sodality Scholarship Application

Please type or print clearly all information requested. You may use the back of this application or attach additional pages to supplement any information that you would like considered in evaluating your application.

Last name	First name	Middle initial
Address		
	State	
Phone #		
Email address		
School attending and	l address	
	Oc	
Mother's name	Oc	ecupation
Names and ages of b	orothers and sisters	
	or have applied to the follow	
1	3	
2	4	
I intend to major in _		

To the best of my knowledge, I am in good (m/yyyy).	academic standing and will graduate in
List any involvement in parish, school and co	ommunity activities
Enclosed a complete transcript of your academic SAT/ACT, if applicable.	c grades and the results of the
Provide any other academic information not including a	1 0
Applicant's signature	Date
Father's signature	Date
Mother's signature	Date