

**ALL SAINTS CATHOLIC CHURCH**  
**ENDOWMENT SCHOLARSHIP APPLICATION IN MEMORY OF CAROL P. AND NICK R. ZAGAR**

NAME (First/Middle/Last) \_\_\_\_\_

BIRTH DATE (Month/Day/Year) \_\_\_\_\_ GENDER: Female \_\_\_\_ Male \_\_\_\_

(Must have begun college education no later than beginning the Fall semester in the year of your 20<sup>th</sup> birthday and terminate education no later than the end of the Spring semester in the year of your 24<sup>th</sup> birthday.)

HOME ADDRESS (Street/City/State/Zip Code) \_\_\_\_\_

HOME TELEPHONE NUMBER WITH AREA CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_

ALL SAINTS TITHING MEMBER FOR AT LEAST THE 12 MONTHS PRIOR TO APPLICATION \_\_\_\_Yes \_\_\_\_No

(By signing this application you give permission to the Scholarship Committee to review your tithing history. Tithing does not apply to benefactor's descendants or seminary students.)

**HIGH SCHOOL INFORMATION REQUIRED BELOW ONLY IF NOT CURRENTLY ATTENDING A COLLEGE/UNIVERSITY**

HIGH SCHOOL NAME \_\_\_\_\_

HIGH SCHOOL COUNSELOR/ADVISOR NAME \_\_\_\_\_

HIGH SCHOOL COUNSELOR/ADVISOR TELEPHONE NUMBER WITH AREA CODE \_\_\_\_\_

HIGH SCHOOL COUNSELOR/ADVISOR E-MAIL ADDRESS \_\_\_\_\_

GRADE POINT AVERAGE \_\_\_\_ (Must have maintained a GPA of at least a 2.5 in the last year of high school — ATTACH REASONABLE PROOF OF AN OFFICIAL TRANSCRIPT PROVIDED BY THE SCHOOL)

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**COLLEGE INFORMATION**

\_\_\_\_ I have been accepted (or) \_\_\_\_ I am currently attending (Student ID Number \_\_\_\_\_) the following regionally accredited college, community college, or university:

COLLEGE NAME AND ADDRESS (Street/City/State/Zip Code) \_\_\_\_\_

GRADE POINT AVERAGE \_\_\_\_ (Must have maintained a GPA of at least a 2.5 for the prior college semester if currently attending — ATTACH REASONABLE PROOF OF AN OFFICIAL TRANSCRIPT PROVIDED BY THE COLLEGE)

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Please provide information to all categories below or indicate N/A if appropriate:

Offices and Leadership Positions Held \_\_\_\_\_

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Organizations, Religious, and Community Activities \_\_\_\_\_

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Other scholarships awarded \_\_\_\_\_

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Other needs, abilities, talent or character to be considered \_\_\_\_\_

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**SIGNATURES** (I verify that all the information included in this application is accurate.)

Applicant \_\_\_\_\_

Printed Name/Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Printed Name/Date \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION:**

1. **Reasonable proof** of acceptance from and/or admission to a **regionally accredited** college or **reasonable proof** of enrollment in next semester courses, if currently attending college.
2. **Reasonable proof of an official transcript** (provided by the college or school) showing that a GPA of at least a **2.5** has been maintained in the prior school year, if new applicant, or in the prior college semester, if previous recipient.
3. An **original letter dated and submitted** by you stating why you feel you are in need of this scholarship.

**Failure to complete this application in its entirety, failure to provide all the above referenced documentation that shows you have met the scholarship requirements, and failure to comply with the deadline will automatically disqualify you for an award. If qualified for an award, scholarship checks will be mailed directly to the college's Financial Aid office. Award amounts may vary in any given year due to funds available.**

**NEW APPLICATION AND DOCUMENTATION MUST BE POSTMARKED OR DELIVERED TO ALL SAINTS CATHOLIC CHURCH, 650 NE 52<sup>ND</sup> AVENUE, DES MOINES, IOWA 50313, NO LATER THAN THE LAST FRIDAY IN JUNE AT 3:00 PM FOR THE UPCOMING FALL SEMESTER.**