JOHN AND BLANCHE MUSSIO SCHOLARSHIP APPLICATION- 2021

Name of Applicant _____
First Middle Last

Home Address _____
Street City County ZIP

Mailing Address _____
Street City County ZIP

Telephone No.(_____)_____ Place of Birth_____ Date of Birth_____

Name of High School _____

Address of High School _____
Street City County ZIP

Enrollment Dates from_____ to_____ Graduation Date_____

Elementary School Attended _____

Address of Elementary School _____
Street City County ZIP

Number of Children in Family_____ Age(s) of Children _____ _____ _____ _____
_____ _____ _____ _____

Name of Father/Guardian_____ If deceased, give date_____

Home Address _____ Tel. No. (_____)_____
Street City State ZIP

Occupation_____ Tel. No. (_____)_____
Employer/Business Address

Name of Mother/Guardian_____ If deceased, give date_____

Home Address _____ Tel. No. (_____)_____
Street City State ZIP

Occupation_____ Tel. No. (_____)_____
Employer/Business Address

FRANCISCAN UNIVERSITY OF STEUBENVILLE INFORMATION

Semester You Plan to Enter _____Fall _____Spring _____Summer 20__

Application Accepted_____ Application In Process_____ _____
Date Date Applied

I hereby authorize the Franciscan University of Steubenville's Office of Financial Services to provide information about my financial need to the selection committee.

Signature of applicant _____ Date_____

Rev: January 2021 (OVER)

Following to Be Completed by Guidance Counselor or Parent (if home schooled)

Combined Score SAT_____ **Composite Score ACT**_____

Signature_____ **Position**_____

PLEASE LIST EXTRACURRICULAR ACTIVITIES, AWARDS, VOLUNTEER SERVICE, ETC.

_____

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PLEASE ANSWER THE FOLLOWING QUESTION (If more space is needed, attach additional page to application)

WHY DO YOU WANT TO BE CONSIDERED FOR THIS SCHOLARSHIP? (List all of the reasons which you think the Selection Committee ought to be aware of such as family situation, work situation, financial situation etc.)

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WHO INFORMED YOU OF THIS SCHOLARSHIP? _____

PARISH_____ **CITY**_____

SIGNATURE OF PASTOR_____ **DATE**_____

SIGNATURE OF APPLICANT_____ **DATE**_____

LETTER OF RECOMMENDATION FROM PASTOR MUST ACCOMPANY THIS APPLICATION

APPLICATIONS MUST BE SUBMITTED ON OR BEFORE APRIL 6, 2021 TO:

Selection Committee
John and Blanche Mussio Scholarship Program
422 Washington Street
PO Box 969
Steubenville OH 43952