

Dr. Robert Simonson Science Scholarship Application

Personal Data

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

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Male _____ Female _____

Parents'/Guardians' Names: _____

Parents'/Guardians' Address (if different from yours): _____

Parents' Guardians' Place of Employment: _____
Father/Guardian

Mother/Guardian

Parents' Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Academic Data

Name of School: _____

Cumulative Grade Point Average _____ (Please attach current transcript)

Why do you want to attend Bishop Dunne Catholic School? _____

What type of career in the health services industry do you hope to pursue? _____

Why do you want to pursue a career in the health services industry? _____

School and Community Involvement

List any organizations in which you have been a member or volunteered. Organizations work may include academic, athletic, civic, religious or social groups.

Activity	Location	Year(s) of Participation

List any awards, honors or recognition received:

Which of the above experiences (participating in a particular activity, leadership position or honor received) has been the most important to you and why?

Financial

OPTIONAL:

Please list any extenuating circumstances which would impact you family's financial need that should be considered for this award.

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

(Signature of Applicant)

(Signature of Parent/Guardian)

(Date)

Return by April 1st to:

**Bishop Dunne Catholic School
Attn: Lydia Torrez
3900 Rugged Drive
Dallas, TX 75224**