

MARQUETTE CATHOLIC HIGH SCHOOL
APPLICATION
WORK SCHOLARSHIP

PLEASE PRINT

Student Name: _____
(Last) (First)

Grade in school 2018-2019 school year: 9 10 11 12

Parents Name: _____

Email: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Work Preference: Summer 2018

June: _____

July: _____

Please note: There are a limited number of spots available in this program, and submitting this application does not guarantee a spot. We will do our best to accommodate those students that wish to participate.

**Please return the application by March 31, 2018 to:
Scholarship Committee
C/O Principal
Marquette Catholic High School
219 East 4th Street
Alton, IL 62002**