

DeSales High School  
Holy Rosary Scholarship Application  
Academic Year 2017-2018

**Please attach a copy of your son's most recent report card  
and documentation of Holy Rosary attendance, if  
applicable.**

**Student Information:**

Student Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School Last Attended \_\_\_\_\_

**Father/Guardian Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

DeSales Graduate     No     Yes    Years Attended \_\_\_\_\_

**Mother/Guardian Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Holy Rosary Graduate     No     Yes    Years Attended \_\_\_\_\_

**We agree that the information provided in this application is accurate to the best of our ability.**

\_\_\_\_\_  
*Mother/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father/Guardian Signature*

\_\_\_\_\_  
*Date*