

**Carol M. Floryance Memorial Scholarship Application**

Family Name: \_\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please list all family members including age, grade and schools attending. (Please Print)

List the various ministries you are currently involved in at Holy Apostles.

List other extra curricular activities you are involved in.

Please explain how your involvement in church ministries and extra curricular activities enrich your Catholic faith.

Please explain how Catholic education plays an important role in your family's faith formation.

What makes your family a good candidate for this scholarship?

We hereby state that all information is, to the best of our knowledge, true and accurate.

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

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

\_\_\_\_\_  
Date