

**DETROIT CATHOLIC CENTRAL HIGH SCHOOL
ENDOWMENT TRUST SCHOLARSHIP APPLICATION**

**The Michael E. Bullock Scholarship Fund
for Students with Siblings on the Autism Spectrum**

Student's Name: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Current GPA: _____ Counselor Signature: _____

Member of Church: _____ City: _____

Mother's Name: _____

Single Married Separated Divorced Deceased

Father's Name: _____

Single Married Separated Divorced Deceased

List all extracurricular activities:

In 100 to 200 words, explain how you qualify for the requirements of scholarship and, if awarded, what would you derive from an education at Catholic Central. Your response should be double spaced and typed.

If you have received this Scholarship in the past you must re-apply every year. If you are awarded this Scholarship you will be required to write a THANK YOU to the Bullock Family and submit it to the Office of Advancement by September 1st.

Please return your application and your essay no later than April 1ST to:

Office of Advancement
Detroit Catholic Central High School
27225 Wixom Road
Novi, Michigan 48374

