



Ursuline Alumnae Scholarship Application 2023-2024

Please submit the following application for consideration and send to:

Ursuline Alumnae Association – Attn: Scholarship Committee - PO Box 3339 – Santa Rosa, CA 95402

Optional: Email application and essay: UrsulineAlumnaeSR@gmail.com with “Scholarship Application” as the subject line. If you have any questions, please contact Chrystie Prokopakis at 707-953-6500.

Qualification Requirements: Applicants for this scholarship must attend Cardinal Newman High School and are **children or grandchildren (daughters or sons)** of alumnae who **graduated from Ursuline High School, Santa Rosa, California.**

Due Date: March 31, 2023 (No late applications will be accepted)

Name: _____

Street Address: _____

City: _____ Zip Code: _____ Phone: _____

Parent Email: _____ Current Grade: _____ Current School: _____

Name(s) of Santa Rosa Ursuline Alumnae to Whom You Are Related: _____

Name and Relationship to Applicant: Mother/Grandmother: _____

Maiden Name: _____ Year Graduated: _____

Please review the following requirements:

Submit a double spaced and typed essay with this application using the applicant’s best grammar and writing skills. This essay needs to include how the applicant qualifies for the scholarship including any family history relating to Ursuline High School – Santa Rosa and an additional paragraph to answer: How does a catholic education help you embody the values of St. Angela Merici?

- Scholarship recipients and parents are required to perform service hours at the following event from set up to clean up:
 - Ursuline Alumnae Crab Feed: January 20, 2024**
Note: All volunteers are eligible to receive service hours.
- We request a donation to help support this event. Donations are eligible for tax deductibility as Ursuline Alumnae Association is a non-profit 501(c)(3) organization.
- Scholarship parents (1 parent) are required to attend meetings in relationship to the Crab Feed.

Note: Any violation of the aforementioned requirements may result in the suspension of the scholarship.

PARENT SIGNATURE: _____ DATE: _____

STUDENT NAME: _____ DATE: _____