



SCHOLARSHIP APPLICATION

(Part 1)



Name:(Last, First) _____ Ethnicity: _____

Address: _____ City/State: _____ Zip Code: _____

Age: _____ Marital Status: _____ Email: _____

Telephone Number: _____ Mobile Number: _____

Name and Location of College/Trade School: _____

College Phone Number: _____

GPA: _____ Enrollment Date: _____ Major/Minor: _____

Anticipated Graduation Date: _____ Purpose for Scholarship: _____

List Academic Honors/Awards: _____

List Volunteer Activities: _____

Provide contact names and telephone numbers for volunteer activities performed:

1) _____

2) _____

Please explain why you should be selected for Our Daily Bread's Scholarship

Items Needed:

Scholarship Application

Prior Semester's Transcript

Two Letters of Recommendations

Fax to: 1-866-804-0971 or email: ourdailybreadmil@att.net

NO TELEPHONE CALLS PLEASE

