

CHRISTI KELLI CORRIGAN MEMORIAL SCHOLARSHIP

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

PARENT/GUARDIAN'S NAME: _____

OCCUPATION: _____

PARENT/GUARDIAN'S NAME: _____

OCCUPATION: _____

Eligibility: A scholarship will be awarded to a graduating senior who is a member of the BFA Comet Hockey team. Preference will be given to a student who exemplifies leadership, a dedication to school spirit, academic strength, a love for the arts, athletics, and most importantly, a student with a kind, giving heart who embraces life and all of the possibilities that it has to offer.

Where do you plan to continue your education?

Name of School _____

Applied? _____ Accepted? _____ Waiting to hear? _____

What are your professional ambitions?

List extra-curricular activities in which you have participated, including jobs and community involvement.

ACTIVITY	DATES OF INVOLVEMENT	AWARD (IF APPLICABLE)

Please include the following:

1. Two recommendations from your teachers.
2. Your cumulative grade point average.
3. An essay in which you share what attributes you possess that uniquely set you apart from others.
4. Completed application must be typewritten and placed in Luke Cioffi's mailbox in the main office
5. Due by April 1st, by noon