

# Guardian Angels Scholarship Grant

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City/State

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Participation at Guardian Angels: \_\_\_\_\_

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Parent(s) Name: \_\_\_\_\_ (if applicable)

Parent(s) Address: \_\_\_\_\_  
Street City/State

Do not place any names or any other form of identification on the remainder of this application.

I certify that the statements in this application are true.

\_\_\_\_\_  
Name Date

Application # \_\_\_\_\_ (assigned by parish)

# Guardian Angels Scholarship Grant

Name of High School attended or attending: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State

Year Graduated: \_\_\_\_\_ Or Will Graduate: \_\_\_\_\_

High School Grade Point Average: \_\_\_\_\_

San Diego State University Grade Point Average: \_\_\_\_\_ (if enrolled)

Year enrolled in San Diego State University: \_\_\_\_\_

Other University or Colleges attended: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

School Activities:

Community Involvement:

Guardian Angels:

Application # \_\_\_\_\_ (assigned by parish)