

*JOHN DUGGAN MEMORIAL SCHOLARSHIP APPLICATION*

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

TOTAL NUMBER IN HOUSEHOLD \_\_\_\_\_

SCHOOL TO WHICH YOU HAVE BEEN ACCEPTED \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

WHAT DO YOU WANT TO STUDY AND WHAT DO YOU HOPE TO  
ACHIEVE? \_\_\_\_\_

WHAT DO YOU THINK MAKES YOU DESERVING OF THIS SCHOLARSHIP AND HOW WILL IT  
HELP YOU ATTAIN YOUR EDUCATIONAL GOALS? (ATTACH ADDITIONAL SHEET IF NEEDED.)

LIST HIGH SCHOOL EXTRACURRICULAR ACTIVITIES, HONORS, OFFICES HELD, ETC. (ATTACH  
ADDITIONAL SHEET IF NEEDED.)

\_\_\_\_\_  
**PARENT'S SIGNATURE**

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

Attach two letters of recommendation, a copy of your high school transcript and a copy of your college acceptance.  
Incomplete or late applications will not be accepted.