

## Bishop Rosecrans High School

1040 East Main Street Zanesville, OH 43701 Phone: (740) 452-7504

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www.rosecrans.cdeducation.org

## **SCHOLARSHIP APPLICATION CHECKLIST**

Student Name		Date form given to N	Date form given to Mrs. Jackson OR Mrs. LaPlante	
Due Date for Documents	S			
Is this date a "Receive By"	or "Postmar	k By" date? (Check One)		
Street Address to which	the application s	hould be mailed:		
Name of College	or Agency			
Street Address				
City	State	Zip Code		
What should be include	ed in the envelop	e sent to the scholarship comm	nittee (Check all that apply)	
Paper Application	•	•	, , , , , , , , , , , , , , , , , , , ,	
Guidance/School C	Counselor Form (1)	there is one, please print it, complete the	top portion, and attach to this form)	
Recommendations				
· <del></del>				
2				
3				
Essay (s) NOTE: If mo	ore than one (1) is re	quired, how many should be included	<u></u>	
Activity Résumé			<del></del>	
Bishop Rosecrans S	School Profile			
College Acceptance	e Verification			
Tax Returns *If you w	vish financial documents t	o remain confidential, seal them in an envelop	to be enclosed with the other documents.	
Additional Docume	ents (please name ti	hem specifically in space provided belo	ow):	
Postage Cost:				
		<del></del>	OF 144 P. D. V. FRID AV OF THE SAME OF THE	
			BE MAILED BY FRIDAY OF THE SAME WEEK***	
		•	**************************************	
Received By: Date Processed:		Date Postage Billed: Date Postage Paid:		
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