



# NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools  
3417 Church Road, Easton, PA 18045  
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

## Personal Data Form – Scholarships/Internships

STUDENT NAME \_\_\_\_\_ 2019-20 GRADE \_\_\_\_\_

STUDENT HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARISH \_\_\_\_\_ PASTOR \_\_\_\_\_

CURRENT GPA \_\_\_\_\_ ( or general avg. if incoming freshmen; minimum requirement determined by specific scholarship)

**EXTRA-CURRICULAR ACTIVITES AT ND/CURRENT SCHOOL: (CLUBS/SPORTS/ETC.):**

\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITIES PERFORMED WITHIN COMMUNITY:**

\_\_\_\_\_  
\_\_\_\_\_

**HONORS/AWARDS/RECOGNITIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER INFORMATION (IF APPLICABLE):**

EMPLOYER \_\_\_\_\_ CITY/STATE \_\_\_\_\_ HRS/WEEK \_\_\_\_\_

**PLEASE SELECT SCHOLARSHIPS/INTERNSHIPS BEING APPLIED FOR WITH THIS FORM:**

\_\_\_\_\_ O'Brien Family Memorial Scholarship

Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*I have reviewed this application and recommend that this candidate be considered for the above scholarship.*

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_