



# 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 Christopher Meddaugh Memorial Scholarship for returning students

STUDENT NAME \_\_\_\_\_ 2020-21 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 \_\_\_\_\_

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