



# Augustinian Academy Alumni Association

## SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### PARENTAL INFORMATION:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Mother's Address: \_\_\_\_\_

City /State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Mother's Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Year(s) Attended Augustinian: \_\_\_\_\_ Mother's High School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

### HIGH SCHOOL INFORMATION:

Name of High School Attending Next Fall: \_\_\_\_\_

Address of High School: \_\_\_\_\_

High School City/State/Zip: \_\_\_\_\_

High School Phone: \_\_\_\_\_

President's Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

### GRADE SCHOOL INFORMATION:

Name of Grade School: \_\_\_\_\_

Address of Grade School: \_\_\_\_\_

Grade School City/State/Zip: \_\_\_\_\_

Grade School Phone: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

8th Grade Home Room Teacher's Name: \_\_\_\_\_

Return this form and your essay to: Tom Cipolla, PO Box 20559, St. Louis, MO 63139-0559.  
For more information or questions, e-mail Tom Cipolla at [tomcipolla@fightingbraves.org](mailto:tomcipolla@fightingbraves.org).