

SS. Isidore and Maria Parish/Joseph J. Melzen Sr. Memorial Scholarship
2025 APPLICATION

NAME: _____ Student Cell phone: _____

Home Address: _____ Home Phone/Cell: _____

Fathers Name: _____ Occupation: _____

Mothers Name: _____ Occupation: _____

High School Now Attending: _____

Student's Email: _____ Parent's Email: _____

Please list siblings of applicant, followed by any other dependents.

Name	Age	Dependent Yes/no	Name of school or college and relationship

Name of college or other institution of advanced learning to which you have been accepted

Field you plan to major in: _____

Tuition Fee (1st year) _____ Years need to complete degree _____

SCHOLARSHIP AWARDS WILL BE DETERMINED ON THE BASIS OF THE FOLLOWING:

1. Activities or services within the church, community, school, and home
2. Scholastic Rating (**Please provide high school transcript**)
3. Financial need
4. Other considerations

Please enclose any additional information and explain in detail any special circumstances that will assist the committee in evaluating your application.

APPLICANT SIGNATURE; _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

*Return form to: Joseph Melzen Jr. 281 Spring St. Ext. Glastonbury, Ct. 06033 or
Melz281@sbcglobal.net*

APPLICATION MUST BE RETURNED BY MIDNIGHT ON MAY 31, 2025