

MATER DEI FOUNDATION
c/o Valerie A. Mathews, Scholarship Chair
PO Box 369
Ogdensburg, NY 13669

COLLEGE SCHOLARSHIP APPLICATION

Name: _____ **Date:** _____

Address: _____ **Telephone:** _____
_____ **Email:** _____

High School Currently Attending: _____
Address: _____

College/University which you will be attending: _____
Address: _____

The following items should accompany this application form:

1. A written confirmation from the college registrar verifying enrollment in a degree program for the coming semester.
2. A copy of a financial aid award letter to verify need.
3. A written letter from the applicant highlighting their **present involvement in their faith and parish and how they intend to continue practicing the Catholic faith** and their reasons for requesting scholarship assistance.
4. A written letter of recommendation from applicant's school principal or someone qualified to attest to the applicant's ability for college studies.
5. A written letter of recommendation from your pastor **highlighting the applicant's involvement in their faith and parish.**

Send all items to:

Valerie A. Mathews
Mater Dei Foundation, Scholarship Chair
PO Box 369
Ogdensburg, NY 13669
Or by email to vmathews@rcdony.org

Deadline for submission is June 1st.

For further questions and additional information, contact Valerie Mathews, 315-393-2920 ext. 1331, or email at vmathews@rcdony.org.