

St. John the Evangelist
George R. Carlino Scholarship Application

Applicant Name: _____ DOB _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Cell# _____

Email address: _____

Parent or Guardian names: _____

Current High School attending: _____

College/University/trade school you will be attending: _____

Checklist:

_____ Copy of acceptance letter from the college you will be attending

_____ Essay

_____ Completed application sheet

_____ date submitted

Student Signature

Please return completed application along with your essay to St. John's Religious Education, Attn: Debbie Lysik, 20 Church Street, Hopkinton, MA 01748, **by April 30, 2024.**