



MATER DEI CATHOLIC HIGH SCHOOL  
**MARY RUIS MEMORIAL SCHOLARSHIP**  
2017-2018 SCHOOL YEAR APPLICATION

Name of Student: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Grade Level: 9 10 11 12

Extra-Curricular Activities (Please include years of participation):

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

Community Service:

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

Award Criteria: Please see individual scholarship description on website.

Please write a short essay (approximately 250 words) stating why you are a qualified candidate for this scholarship.