

**SISTER LOYOLA SCHOLARSHIP**  
**APPLICATION**

**ELIGIBILITY:** Top 50% of the junior class; must sign scholarship document that you are drug/alcohol free and will remain substance free throughout your senior year.

**If this is violated the scholarship will be revoked.**

**Deadline:** By the deadline noted on the financial aid webpage

**Submit to:** Business Office  
Roncalli High School  
1400 North Dakota Street  
Aberdeen, SD 57401

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

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

**Parents/Guardian:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **GPA:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_

**Recommendation submitted by:** \_\_\_\_\_

**Recommendation letter may be from a teacher, employer, or business person.**

**Briefly state your reason for applying (financial need).** \_\_\_\_\_

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**Summary of Extra-Curricular Activities:** \_\_\_\_\_

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(May attach additional sheets, if necessary)