

Albert Iffrig
Memorial Scholarship
St. Dominic High School
31 St. Dominic Drive
O'Fallon, MO 63366

Student's Name: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Father: _____ Mother: _____

Parent's Daytime Number: Father: _____ Mother: _____

In what parish is your family registered? _____ Number of
Children: _____

School student attends presently: _____ Grade: _____

All applicants for this scholarship must fill out and return the PSAS Student Aid form. Go to SDHS website www.stdominichs.org, click PSAS form and print. Or form may be obtained from school office.

PSAS Part I form should be sent to St. Dominic

Part II should be sent to the company (PSAS).

____ I have mailed my PSAS Student Aid form on _____. (fill in date mailed)

____ Current GPA (Minimum of "C" required)

1. What occupation interests you as a possible career choice and why?

2. List extra-curricular activities (organizations, sports, clubs, etc.), in which you have been involved and how long?
Which of these is most meaningful? Why?

3. List service activities in your parish and community in which you have been involved in the last two years. What has this meant to you?

4. Explain briefly your financial need for this scholarship.

THIS FORM SHOULD BE COMPLETED AND RETURNED BY MONDAY, MARCH 25, 2013 TO:

Albert Iffrig Memorial Scholarship
St. Dominic High School
31 St. Dominic Drive
O'Fallon, MO 63366

(Scholarship forms can be returned together;
they need not be in separate envelopes)