

	Received
	Complete



EDUCATIONAL SCHOLARSHIP PROGRAM APPLICATION

Name _____ Birth Date ____/____/____
Last First Middle Mo Day Yr

Current Mailing Address _____

Permanent Mailing Address (*if different*) _____

School email _____

Personal email _____

Home Phone _____ Cell Phone _____

Parent/Guardian Name _____

Parent email _____

Parent Phone: Home _____ Work _____ Cell _____

Are you a U.S. Citizen? Yes No If no, are you eligible to work in the U.S? Yes No

Current School _____ GPA ____ / ____ Scale (e.g., 4.0)

Current Year: Fr So Jr Sr Major (*if applicable*) _____

Education History	School Name	City/State	Graduated (Y/N)	Year
High School				
Middle School				
Other				

High school students: Have you been accepted into college? Yes No

If so, where? (list) _____

Intended major/course of study _____

I learned of the Educational Scholarship Program from _____

Briefly describe why you wish to participate in the program and what you hope to gain from the experience:

To Submit Your Application

- If you complete the form online, click the button at the top of the form to SAVE, then PRINT your application
- To your completed application, ATTACH:
 - Your most recent grade report, transcript, or report card, and
 - A Letter of Recommendation from your guidance counselor, advisor, science teacher, or professor
- MAIL your application with attachments to:

CHRISTUS Stehlin Foundation
ATTN: Scholarship Program
10301 Stella Link Rd Ste A
Houston TX 77025-5447

APPLICATIONS MAY BE SUBMITTED ONLY BETWEEN SEPTEMBER 1 AND DECEMBER 31