

DAVID RAY CAILLOUET MEMORIAL SCHOLARSHIP  
VERMILION CATHOLIC HIGH SCHOOL  
SERVICE RECOGNITION SCHOLARSHIP

Student Information (please type or print):

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State and Zip

\_\_\_\_\_

Phone Number

\_\_\_\_\_

GPA

Parent Information:

\_\_\_\_\_

Father's Name

\_\_\_\_\_

Mother's Name

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City, State and Zip

\_\_\_\_\_

City, State and Zip

\_\_\_\_\_

Home Number

\_\_\_\_\_

Home Number

\_\_\_\_\_

Work Number

\_\_\_\_\_

Home Number

