

JOHN DAVID PERRIN MEMORIAL SCHOLARSHIP

VERMILION CATHOLIC HIGH SCHOOL

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

JOHN DAVID PERRIN MEMORIAL SCHOLARSHIP

VERMILION CATHOLIC HIGH SCHOOL

The John David Perrin Memorial Scholarship is awarded to an incoming freshmen boy who values his Catholic faith and will value the special gift of a Catholic education. Please include letters of reference from both your Pastor and current Principal. Applications are due in the Scholarship Office by **February 19, 2024**. **No late entries will be considered.**

\_\_\_\_\_  
Church Parish

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Pastor

School Record: Please list the names of all schools previously attended and dates of attendance.

School Name & Address	Grade(s)	Year of Attendance