



## 2026 SDCCW HIGH SCHOOL

### GIRL GRADUATE

### SCHOLARSHIP APPLICATION

**NAME (First, Middle, Last):**

**ADDRESS (Street, City, State, Zip):**

**EMAIL:**

**PHONE:**

**Parish (Name, City/Town)**

**High School (Name, City/Town)**

**School which you plan to attend (Name, City, State)  
(For example; college, technical/ trade school, school in medical field, etc.)**

**Attach your typed essay (up to a maximum of two pages) which contains the following:**

1. **How you have exemplified Catholic values of spirituality, leadership and service to your family, church/ parish, school and/or community.**
2. **How you plan to continue to embody these values.**

**Pastor Signature: \_\_\_\_\_ Attesting of your eligibility of receiving a SDCCW scholarship.**

**Attach a signed letter of recommendation from an adult that is familiar with you exemplifying the qualities of Faith, Leadership and Service to your family, church/parish, school and/or community.**

**These three documents must be received by April 15, 2026 to the Coordinator of the SDCCW Scholarship Program,**

Rita Devore  
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