



**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
1006 Shenandoah Ave., Effingham, IL 62401
r_devore01@hotmail.com 217-821-7517**