

**Saint Charles Seminary**  
**Martin de Porres Foundation Scholarship Application 2009**  
Office of Catholics, 222 N. 17<sup>th</sup> St, 8<sup>th</sup> fl, Phila., PA 19103-1299 (215)378-0797

Please **type** or **print** your answers.

1.	Last Name: _____	First Name: _____	MI: _____
2.	Mailing Address:: Street: _____  City: _____ State: _____ ZIP: _____		
3.	Internet Mail Address (E-mail): _____		
4.	Daytime Telephone Number: (     )                      Cell Telephone Number: (     )		
5.	Date of Birth:   Month                                      Day                                      Year		
6.	High School: _____ Graduation Date: _____ Specialized Training: _____ Completion Date ___/___ College: _____ Graduation Date: _____ Degree Achieve: _____ College: _____ Graduation Date: _____ Degree Achieve: _____ College: _____ Graduation Date: _____ Degree Achieve: _____		
7.	What are your educational and professional goals and objectives? (You can attach your resume if it has this information.) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
8.	Degree or Certificate sought: _____		
9.	List all activities within your parish which you have participated in or are currently participating (Lecturer, Eucharistic Minister, CYO, Youth Group, choir, Parish Council, Food Bank, etc.) Please spell out any abbreviations. Attach additional pages if necessary.		
	<b>Activity</b>	<b>Dates of Participation</b>	<b>Office/Position Held</b> <small>(indicate either Elected or Appointed)</small>
	_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
	_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
	_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
	_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed

10. How will you use the knowledge gained in your educational endeavors to serve the Archdiocese of Philadelphia and enhance/enrich the African American Catholic Community.

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**STATEMENT OF ACCURACY  
COMMITMENT OF APPLICANT**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program.

**I hereby commit myself in serve the Archdiocese of Philadelphia for a time period equivalent to the number of years for which I receive this grant.**

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

