



Saint Mary High School  
64 Chestnut Street.  
Rutherford, NJ 07070  
201-933-5220  
www.stmaryhs.org

## Application for Admission

Name of Applicant \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Date of Birth \_\_\_\_\_ Gender ( )Male ( )Female  
(mm/dd/yyyy)

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_

School Address \_\_\_\_\_  
STREET CITY STATE ZIP

With whom does the applicant live? ( )Both Parents ( )Mother ( )Father ( )Other

Mother's Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's E-Mail \_\_\_\_\_

Father's Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's E-Mail \_\_\_\_\_

Guardian's Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Guardian's Work Phone \_\_\_\_\_ Guardian's Cell Phone \_\_\_\_\_

Guardian's E-Mail \_\_\_\_\_



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**Please list any relatives who have attended or are currently attending St. Mary High School:**

Name	Year of Graduation	Relationship
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**Parent or Guardian Signature** \_\_\_\_\_ **DATE**

**Student Signature** \_\_\_\_\_ **DATE**

**Please return this form to:**  
**Joseph A. Ziaya**  
**Office of Admissions**  
**Saint Mary High School**  
**64 Chestnut Street**  
**Rutherford, NJ 07070**



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## **Saint Mary High School**

### **Scholarship Program**

### **Application and Instructions**

- Each question on the application must be answered in order for the application to be considered.
- Incomplete applications will not be eligible for review.
- The application must be postmarked by December 31<sup>st</sup>. Late applications may not be considered.
- Decisions will not be made until all applications have been processed.
- Letters informing families if they have been selected for scholarships will be mailed with the application packet. Please do not call the office to inquire if you have been selected for a scholarship, as this information will not be given over the phone.
- Only partial scholarships are available.
- If you move or change your phone number after you have submitted this application, please call the school office to inform the secretary of the new phone number or change of address.

**Applications should be mailed to:**

**Saint Mary High School**  
**64 Chestnut Street**  
**Rutherford, NJ 07070**  
**Attention: Scholarship**



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## Saint Mary High School Scholarship Questionnaire

Please complete the following form and return to us *no later than* December 31<sup>st</sup>. Return all forms to:

**Saint Mary High School**  
**64 Chestnut Street**  
**Rutherford, NJ 07070**  
**Attention: Scholarships**

Forms returned after the deadline may not be considered for the award.

Please contact the school if you have any questions about the scholarship.

**Students's Name** \_\_\_\_\_

**Academic Awards/Honors:**

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**Extra-Curricular Activities:**

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**Community Service/Involvement:**

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**Personal Statement:** Please type or write a personal statement of no less than 75 words and not more than 100 words so we know why you feel you are a deserving candidate for a scholarship. You may use the back of this form, or attach an additional sheet.