	GIAN COURT UNIVER	RSEY
	ishop John Smith Full Tuition Iarship Application for Fall 20	
Please print legibly.		
Student Name		
Address		
City	State	Zip Code
Cell Phone	Home Phone	
E-mail		
Name of High School		
Parish Information (Must be in Dioces	se of Trenton)	
Name of Parish		
Address		
C'i	State	

I hereby agree that all of the above information provided is truthful and accurate. I understand that I must be accepted for full-time admission as a first-year to Georgian Court University for Fall 2019 by February 28, 2019; be an active member of a Catholic parish in the Diocese of Trenton of New Jersey; and submit this application form, the essay, and the parish pastor recommendation to be received by the Office of Admissions, Georgian Court University, 900 Lakewood Avenue, Lakewood, NJ 08701 by February 28, 2019, to be considered for this scholarship. Finalists will be invited to interview with the committee for selection. One recipient will be selected by March 15, 2019.

Applicant's signature \_\_\_\_\_