

Christopher Joyce Scholarship Fund

Name: _____

Class: _____ GPA: _____

College/University:

Major(s):

Minor(s) or Concentration(s):

Anticipated Future Career:

Email:

Preferred Phone Number:

Mailing Address:

Current Employment:

List your participation with campus and/or community involvement:

What will this funding cover?

Who referred you to the Christopher Joyce Scholarship Fund?

Describe your reason for this request.

Amount Requesting: Student contribution: Need:

Number of times you have received funding from the C. Joyce Scholarship Committee during this academic year:

Number of time you have received funding from the C. Joyce Scholarship Committee during your time in college:

Describe any action you have taken to remedy the need for additional funding:

Please submit application for scholarships to Ms. Celia William, C/O Cristo Rey Boston, 100 Savin Hill Avenue, Boston, MA 02125