

## CHARLES I. PASSE EDUCATION ENDOWMENT

## APPLICATION For 2025-2026 School Year

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Cell) \_\_\_\_\_\_ Phone (Home)\_\_\_\_\_ Parish\_\_\_\_\_ How long have you been a parish member? \_\_\_\_\_ Email **Current** School Information, *if applicable* Name of School \_\_\_\_\_ Expected Graduation Date Your most recent school transcript MUST accompany this application Are you currently or have you ever attended a school beyond high school? If yes, please describe: Involvement Please list any parish or civic groups in which you participate and your role (i.e. President, officer, etc.) \_\_\_\_\_\_ Intended School Information for 2025-2026 School Year Name of school you plan to attend \_\_\_\_\_\_ Address of School \_\_\_\_\_\_ City \_\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone number \_\_\_\_\_ E-mail \_\_\_\_\_ Intended Program of Study Please indicate if this course of study will result in: Certificate Diploma \_\_\_\_ Associate's \_\_\_\_other (please explain) \_\_\_\_\_ Estimated Tuition Cost per Academic Year \_\_\_\_\_ Estimated Cost of Books, Fees, Etc.

Please write a MINIMUM of 2 paragraphs, one describing yourself and the other describing the program you are enrolling in and what you plan to do with your training. Please be as specific as you can. You may attach a separate sheet.
Please fill out application completely. Failure to do so may result in application denial.
Mail completed application, along with current transcript, to:
Catholic Foundation of Southern Minnesota 750 Terrace Heights, Suite 105 PO Box 30098 Winona, MN 55987
Applications will not be accepted at the parish; they must be sent to the Catholic Foundation of Southern Minnesota. If you have questions, contact Kelly Hoffman at 507-858-1276 or <a href="mailto:khoffman@dowr.org">khoffman@dowr.org</a> .

Application Deadline: 4:30 p.m. on Friday, May 16, 2025