



## CHRIST THE KING CHURCH

1 McCurdy Road, Old Lyme, CT 06371-1629  
ctkoldlyme@aol.com • www.christthekingchurch.net

860-434-1669

# Robert C. and Marguerite C. Graves Memorial Scholarship

1. Scholarship(s) will be awarded in the amount to be determined by the administrator of the trust fund.
2. Requirements:
  - a. Applicant must be a registered *and active participant* of the Parish of Christ the King.
  - b. Applicant must be a graduating high school or technical school student who has been accepted for full-time admission at an accredited institution of higher learning.
3. Applicant must submit:
  - a. Completed application
  - b. Letter stating specific involvement in the parish, service given to church, school, and community, personal interests, and post high school plans
  - c. Transcript of marks

### Criteria for selection:

*Active involvement in the parish* and service given to church, community, school.

### General information:

Complete applications must be returned no later than May 12, 2023 to:

**Christ the King Parish Office  
c/o Graves Memorial Scholarship  
1 McCurdy Road  
Old Lyme, CT 06371-1629**

### **IMPORTANT:**

Scholarships will be awarded at the Graduates' Mass at Christ the King Church on Sunday May 21, 2023 at 10:30am.

Recipients **MUST be present** at this Mass to receive scholarships.

*(Turn over for application)*



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**Robert. C. and Marguerite C. Graves  
Memorial Scholarship  
Christ the King Church  
Application**

(Please type or print.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Names and ages of brothers and sisters: \_\_\_\_\_

What college do you plan to attend? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

To what other colleges have you applied? \_\_\_\_\_

Have you applied for financial aid? \_\_\_\_\_

What financial aid have you been assured of? \_\_\_\_\_

List name and contact information (email, phone, address) of three references (not relatives):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission is hereby granted to the Graves Memorial Scholarship Committee to obtain a High School transcript.

\_\_\_\_\_  
Parent Signature and date

\_\_\_\_\_  
Student Signature and date