

We appreciate
your support
in identifying
and encouraging
prospective
students.

The St. Catherine University Office of Admission would like your help. Please give this fee waiver and referral scholarship card to a student you know who is interested in attending St. Kate's.

This card will allow the student to receive a \$600 or \$300 one-time scholarship award toward the first year of tuition. It must be attached to the student's application for admission or returned to the University within two weeks of submitting an online application.

MAIL TO:
ST. CATHERINE UNIVERSITY
OFFICE OF ADMISSION, MAIL F-2
2004 RANDOLPH AVE
ST PAUL MN 55105-9927

St. Kate's

STUDENT: attach this card to application

ST. CATHERINE UNIVERSITY

Alumna: Please complete this card and present it to the student you are referring to the University.

Student: You must attach this card to your St. Kate's admission application or return it within two weeks of an online application for this scholarship request to be valid.

Name of Alumna – Please include previous name(s) in parentheses.

Address Apt. #

City/State/Zip

Student applicant's name

To be eligible* for an alumnae referral scholarship, applicant must:

- Attach this card to the admission application or return it within two weeks of an online application.
- Be accepted for admission to St. Kate's.
- Enroll as a full-time student seeking a first associate or baccalaureate degree or as a part- or full-time student seeking a first graduate degree.

* Note: St. Catherine graduates are not eligible for this award. Daughters or granddaughters of alumnae may not receive this award but may receive a DupliKate or TripliKate Scholarship for undergraduate study.

Awards available:

New Day student — St. Paul campus	\$600
New Evening Weekend Online student — St. Paul campus	\$300
New Graduate** degree student — St. Paul campus	\$300
New Associate degree student — Minneapolis campus	\$300

** MSW students are not eligible for this award.

Future award amounts are subject to change.

ALUMNA: return this to admission

ST. CATHERINE UNIVERSITY

Name of Alumna – Please include previous name(s) in parentheses.

Address Apt. #

City/State/Zip
()

Phone

I've presented an alumnae referral scholarship card to:

Name of Student

Address Apt. #

City/State/Zip
()

Phone

Name of high school or last college attended

Month/Year of high school graduation

Student plans to enroll at: St. Paul campus Minneapolis campus

If St. Paul, student plans to attend:

Day Program Evening | Weekend | Online Program Graduate Program

Student will be classified as: entering first-year entering transfer

Student plans to start: Fall 20 ____ Spring 20 ____