

Catholic Parishioner Scholarship Form 2016-17 Grades K-8th ONLY

PERSONAL INFORMATION FOR BAPTIZED PARENT

| First Name | Last Name |
|----------------------------------|------------------------|
| Date of Birth | |
| Street Address | |
| City, State, ZIP | |
| PERSONAL INFORMATION FOR BAF | PTIZED CHILD |
| | |
| First Name | Last Name |
| Date of Birth | |
| Date of Baptism | |
| Place of Baptism | |
| Name of Church where you are REG | GISTERED and ATTENDING |

IN ORDER TO RECEIVE THE SCHOLARSHIP YOU MUST ATTACH:

COPY OF CHILD'S BAPTISM CERTIFICATE

LETTER FROM THE PASTOR OF YOUR CHURCH THAT STATES YOU ARE A REGISTERED

CONTRIBUTING MEMBER AND ARE IN GOOD STANDING.

Ciamatura Data

Signature

Date