

Request for Scholarship Grant Application

I, _____, Class of _____ would like to apply for an application for my child [] or grandchild [] for a college grant [] (applicant must be a senior in high school); a high school grant [] (applicant must be in the 8th grade); a grade school grant [] (applicant must be in the 5th grade).

Applicant's Name _____

Applicant's Parents Names _____

Address _____

City, State, Zipcode _____

Phone _____

Please feel free to duplicate this form if you have additional application requests.

Mail to: Northeast Catholic Alumni Memorial Scholarship Fund, Inc.

P. O. Box 7005, Philadelphia, PA 19149-0005

This Application Must Be Returned Prior to January 31, 2019.