

## 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, 2017.**