

# HIGH SCHOOL SCHOLARSHIP APPLICATION FORM

Return completed form and \$15.00 application fee. Checks payable to Holy Name Society Branch #141

Mail completed form to: **William Meade, PO Box 525, Maspeth, NY 11378**

## PLEASE PRINT

MEMBER'S NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

CANDIDATE'S NAME: \_\_\_\_\_

CURRENT ELEMENTARY SCHOOL: \_\_\_\_\_ CLASS OF JUNE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIPCODE

HOME PHONE: (     ) \_\_\_\_\_

CELL PHONE: (     ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

## **IF ELIGIBLE, WILL YOU ACCEPT AN ENDOWED SCHOLARSHIP TO:**

**FORDHAM PREPARATORY**, East Fordham Road Bronx, New York 10458

YES NO (CIRCLE ONE)

## **LIST WHERE DUES WERE PAID FROM PRESENT TO TIME OF JOINING THE DEPARTMENT**

Co. \_\_\_\_\_ From/To \_\_\_\_\_

Co. \_\_\_\_\_ From/To \_\_\_\_\_

Co. \_\_\_\_\_ From/To \_\_\_\_\_

Co. \_\_\_\_\_ From/To \_\_\_\_\_

Co. \_\_\_\_\_ From/To \_\_\_\_\_

Co. \_\_\_\_\_ From/To \_\_\_\_\_

I have read the rules of the Society's Scholarship Program and fully understand them. I understand that I will be contacted only if my candidate is a finalist and is being considered for an award. I have indicated above where I have paid my dues from the present to the time of joining the Society. The date of the examination has been duly noted on my calendar and I am aware that I will not receive any further notification of said date.

MEMBER'S SIGNATURE: \_\_\_\_\_

MEMBER'S RANK: \_\_\_\_\_

WIDOW'S SIGNATURE: \_\_\_\_\_

LAST ASSIGNED UNIT OF SPOUSE: \_\_\_\_\_

RANK: \_\_\_\_\_

## **FOR HOLY NAME SOCIETY USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_

FOUND ELIGIBLE: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

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