

# HIGHER EDUCATION SCHOLARSHIP APPLICATION FORM

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

PLEASE PRINT

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

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

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

CURRENT HIGH SCHOOL: \_\_\_\_\_

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

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

STREET ADDRESS

CITY

STATE

ZIPCODE

HOME PHONE: ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_

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

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

**ELIGIBILITY:** Sons and daughters, brothers and sisters, and grandchildren of members in GOOD STANDING in this Society. Applies equally to deceased members who were in good standing at time of death. The President shall make the determination of good standing.

**All applicants must be seniors in high school.**

**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

DRAWING TO BE HELD AT ANNUAL COMMUNION BREAKFAST. AWARDS TO CONSIST OF TWO (2) \$1,500.00 AWARDS, GENDER NEUTRAL, TO BE PAID TO ANY COLLEGE OR TRADE SCHOOL OF THE WINNER'S CHOICE. MEMBERS MUST BE PRESENT AT THE BREAKFAST TO HAVE THEIR CHILDREN ELIGIBLE FOR THE DRAWING.

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

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

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## FOR HOLY NAME SOCIETY USE ONLY

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

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