

Sacred Heart

FOUNDATION

SCHOLARSHIP

Date Established _____

One-time Scholarship

Continuous Scholarship

Background:

Scholarship Name

Established by:

Starting Gift Amount: \$ _____

By: _____

Method: _____

Qualifications/Criteria

1. Student must be a registered member of _____.
(Parish Name)
2. Student Grade level _____.
3. The scholarship is based:
 A. Financial Need
 B. Academic Standards Please list: _____.
4. The amount of scholarship will be awarded: (Choose One)
 A. Total sum of interest earned each year at a (4% variable rate) from the gift investment
 B. Lump sum in the amount of \$ _____
 C. The total amount of the scholarship is to be awarded in full (One-time Scholarship)
5. The amount will be divided between _____ student(s) per year.
6. Thank you to be sent to:
Name(s) _____
Address _____
City, State Zip _____

You may use the backside of the form to list as many thank-you recipients as necessary. Please list an alternate recipient as well.

Contact Name/s _____ Phone _____

Verify _____ Date: _____

(Signature)