

Most Sacred Heart of Jesus Christian Ladies Society Memorial Scholarship Application

Intent to Apply

Please return this page ONLY by October 31.

School Year _____ Church Site Name _____

Student's Name _____

Birth Date _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Cell () _____

Name of Parent(s)/Guardian: _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Cell () _____

Please complete and return by October 31.

Mail to or drop off at:

MSHJ Christian Ladies Society
One Parish Place
Moon Twp, PA 15108
Attn: Christian Ladies Society