

**Sacred Heart Women's Club
Sacred Heart of Jesus Church, Milford, Massachusetts**

Scholarship Application Form

Name: _____

Address: _____

Home Phone: _____ **Cell:** _____

Email: _____ **Date of Birth:** _____

High School: _____ **Year graduated:** _____

Parish where you received:

Baptism _____

First Holy Communion _____

Confirmation _____

How long have you been a parishioner of Sacred Heart of Jesus Parish? _____

Scholarship money to be used for:

Higher Education

What degree are you pursuing?

Anticipated year of graduation:

Certification Program

What program are you enrolled in?

Anticipated year of completion:

Other (explain)

Character Reference:

Name:

How does this person know you?

Personal Reference:

Name:

How does this person know you?

All of the information I have provided in the application is accurate and is subject to verification at the discretion of the Sacred Heart Women's Club Scholarship committee.

Print Name: _____ **Date:** _____

Signature: _____

Send Completed packet to: Sacred Heart Women's Club
Scholarship Committee
5 East Main Street
Milford, MA 01757