ALUMNI ASSOCIATION **SCHOLARSHIP APPLICATION** DATE REC'D:_____

Applicant Name:		Date of Birth:	
Address:		Years at Address:	
Current School:		Grade:	
		Yrs. Attended:	
Parents Names:			
Address:			
Activities:		Awards:	

Reason for wishing to attend Seton Catholic and for requesting scholarship assistance:

********** Use back if more space is needed !**********

Have you applied for school aid ?

We will concur with school records to verify enrollment.

APPLICATIONS ARE REQUIRED

Student Signature:		Date:	
Parent/Gaurdian Signature:		Date:	

STUDENTS MUST FILL OUT THEIR OWN APPLICATIONS

Excel:a:\scholars.xls