

Sacred Heart Catholic Church

130 Bach Street La Porte, IN 46350

Scholarship Application

CONTACT INFORMATION NAME: _____ ADDRESS: _____ _____ _____ TELEPHONE: _____	FAITH FORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Yes/No</th> <th style="width: 70%;">Parish Name / Location</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">BAPTISM:</td> <td style="width: 15%;"></td> <td></td> </tr> <tr> <td style="text-align: right;">EUCHARIST:</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">CONFIRMATION:</td> <td></td> <td></td> </tr> </tbody> </table> MASS: ONCE A DAY ___ WEEK ___ MONTH ___ YEAR ___		Yes/No	Parish Name / Location	BAPTISM:			EUCHARIST:			CONFIRMATION:		
	Yes/No	Parish Name / Location											
BAPTISM:													
EUCHARIST:													
CONFIRMATION:													
HIGH SCHOOL INFORMATION Name: _____ Year Graduated: _____													
COLLEGE / UNIVERSITY / TECHNICAL SCHOOL INFORMATION Name: _____ Location: _____ Accepted? _____ Major Course of Study: _____ Catholic Church Attending while at School: _____ Location: _____													
Please identify any service or ministry activities you participated in at Sacred Heart Church: Provide year(s) of participation													
Please identify any service activities for your community or to other parishes: Provide year(s) of participation													
Statement about your faith: e.g. Why is your faith important to you, or How has your faith (challenged, changed, or helped) you, . . .													

Service Activities and Faith Statement sections may also be typed and attached to this document

Signature: _____ Date: _____