



Scholarship Program/Individual Scholarships

Name of Student: _____

Parent/Guardian Email: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

School the student plans to attend (must be a Catholic school):

_____ Grade: _____

Nominating C.P.P.S. member or Companion _____

1. How would a Catholic education benefit this student?

2. What are the characteristics of this student and/or circumstances of the student's life that would improve the student's opportunity for future success/enhance the school he or she plans to attend?

3. For older students, list any extracurricular activities or parish programs in which they participate.

4. Do you have anything further to add that would help us evaluate this application?

*Please return to:
Missionaries of the Precious Blood, Office of Mission Advancement,
2860 US Route 127, Celina, Ohio 45822-9533
or mission@preciousbloodus.org
by June 1.*