The Berberovich Memorial Scholarship Application

Last name:	First name:
Email:	Phone number:
Eligibility: Student from St. Thomas Aquinas Parish, S Catholic High School and plans to enroll at	-
☐ I have reviewed the eligibly requirements related to this scholarship and am confident that I meet any/all necessary criteria. ☐ I acknowledge that by submitting this application, I allow the selection committee to access relevant records retained by any Catholic parish, Catholic school and/or public school in order to determine my eligibility for this scholarship. This may also include contacting appropriate parties to confirm information supplied by the candidate.	
Year of graduation from Nouvel Catholic Central H	ligh School:
Applicants must be members of St. Thomas Aquina registered members of the parish?	as Parish. When did you/your family become
Applicants are not required to but may submit a lett members of school / parish staff who are able to aff based on the criteria of the scholarship. Related do completed application.	irm and speak to the applicant's eligibility
Please list any items that you have included in addit	tion to the application.
College(s) you applied to / plan to attend:	

☐ I affirm that all information contained within and/or as part of this application is accurate and
true to the best of my knowledge.

A completed application and related documents must be submitted in a single document/attachment to:

- Electronically: scholarships@dioceseofsaginaw.org
 (Please list only the name of the scholarship in the subject line of the email)
- Mail: Diocese of Saginaw
 Attention Office of Catholic Schools
 (CCFMM Scholarship)
 5800 Weiss St.
 Saginaw, MI 48603

Applications received after the deadline will not be accepted.

The Catholic Community Foundation of Mid-Michigan, the Office of Catholic Schools and any related parties are not responsible for any format/technology errors that may result in an application not being received/reviewed.

