The Fr. E. C. LeFevre College Scholarship Application

Last name:	First name:
Email:	Phone number:
Eligibility:	
 For scholarship funds for students gradua known as Nouvel Catholic Central High S 	ting from SS. Peter and Paul High School, now School
☐ I have reviewed the eligibly requirements relameet any/all necessary criteria.	ted to this scholarship and am confident that I
☐ I acknowledge that by submitting this applicate relevant records retained by any Catholic parish, determine my eligibility for this scholarship. This parties to confirm information supplied by the catholic parties applicate the parties applicate t	Catholic school and/or public school in order to is may also include contacting appropriate
☐ If selected as the scholarship recipient, I acknown Community Foundation of Mid-Michigan to use related to this award.	
Year of graduation from Nouvel Catholic Central	l High School:
Applicants are not required to but may submit a lamembers of school / parish staff who are able to a based on the criteria of the scholarship. Related completed application.	affirm and speak to the applicant's eligibility
Please list the any items that you have included in	n addition to the application.
College(s) you applied to / plan to attend:	
☐ I affirm that all information contained within true to the best of my knowledge.	and/or as part of this application is accurate and

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 reviewed.

