

## **CATHOLIC DAUGHTERS OF THE AMERICAS**

## SUFFOLK COUNTY SCHOLARSHIP COMMITTEE

## HIGH SCHOOL SCHOLARSHIP APPLICATION

2023

Name (	of Applicant:		
Full Ho	ome Address:		
Teleph	one Number (Please indicate if home or cell)		
Name (	of Catholic High School Applicant Will Be Attending	g	
Elemer	ntary School Now Attending:		
CHSEE	Test Site Location:		
I am a Member of JCDA		Yes	No
Му Мо	other/Grandmother is a Catholic Daughter	Mother	Grandmother
Name (	of Court Member		
Court N	Name and Number:		
Regent	Phone Number:		
	FOR SCHOLARSHIP APPLICANTS: CANTS MUST:		
•	Be sponsored by a Court located in Suffolk Coun	ty	
•	Be a resident of the Diocese of Rockville Centre		
•	Be a child or grandchild of a member in good sta	inding	
•	Have been accepted by a Catholic High School		
•	Have not accepted a Scholarship or Academic In	centive Award from an	other source
	Have taken the Catholic High School Entrance Ex	am (CHSEE)	