APPLICATION:

This application is subject to approval of the CHST committee.

This application and all accompanying documents (1st semester grades, proof of GPA) must be turned in by Dec 31st.

NAME:

_____

(Last Name) (First Name) (Middle Initial)

MAILING ADDRESS:

_____

_____

TELEPHONE: _____

College/School attending:_____

Overall GPA _____

_____
(Signature of Applicant)

_____
(Date)

COMPLETE AND MAIL TO:

Christopher Harris Scholarship
c/o St. Peter Catholic Church

320 College Blvd
Grenada, MS 38901
Phone: (662)226-2490

All applications must be postmarked on or before **Dec 31st** of the year of application.