

**BISHOP McCORT CATHOLIC HIGH SCHOOL
NAMED SCHOLARSHIP PROGRAM
SUBMISSION FORM**

I/We would like to establish a Named Scholarship for four years with an annual donation of:

- Bridge \$500** **Endeavor \$1,000** **Reach \$2,500** **Lift \$5,000**

Name : _____

Address: _____

City/State/Zip: _____

Phone: _____ Email Address: _____



What would you like to name the scholarship?

Tell us about the person(s) for whom the scholarship was created and the reason(s) why:

(This information will be printed in our scholarship program booklet, which is distributed at our annual scholarship luncheon.)

*Please return this form and your donation to the BMCHS Advancement Office at:
Bishop McCort Catholic High School, 25 Osborne Street, Johnstown, PA 15905*