



BAKERSFIELD CATHOLIC EDUCATION FOUNDATION

GARCES MEMORIAL HIGH SCHOOL
SCHOLARSHIP APPLICATION FORM

Catholic Verification Form

Student's Name: _____

Parent's First and Last Name: _____

Parish Envelope #: _____

Home Address: _____

Contact #: _____

I verify that the above-named student is a Catholic in good standing at:

Name of Parish: _____

Name of Pastor: _____

Pastor's Signature: _____

Date: _____