3128 S Street | Office 402-476-2610 | sacredheartlincoln@outlook.com

Sacred Heart Catholic Church of Lincoln

Fred and Carleen Novak Charitable School Fund Application

Name _____ Grade _____ School Year _____

Address _____ City/State _____ Zip Code _____

Phone Number _____ Email Address _____

Name of Seminary/Institution attending _____

Are you a Registered member of Sacred Heart? _____ Amount of Scholarship being requested _____

Please attach proof of school registration and the tuition you are required to pay after any grants/monies are applied.

Requirements for Scholarship

You must be a registered parishioner with Sacred Heart Church and applicant must be enrolled in a seminary or religious order approved by the Bishop of Lincoln. A written essay is also required for consideration of a scholarship. Your essay should be at least 500 words. Please address in the essay the importance of Catholic education or your vocation.

All scholarships are limited to $1,500.00 per semester and not to exceed $3,000.00 per school year. Scholarships are paid directly to the school/institution where you are registered.

I hereby certify that the provided information is true, accurate, and complete to the best of my knowledge and I have read and agree to the Requirements for Scholarship.

Signature of Applicant _____ Date _____

Printed Name _____

☐ I have reviewed and accepted the application for the scholarship in the amount of_____ for the _____ school year to be paid directly to the school within 5-10 business days.

☐ The application has been denied for the following reason(s):

_____

_____

Signed by: _____ Date _____