

## 2024-25 Named Scholarship Program

## **Criteria**

- An individual, company, or organization may establish a Named Scholarship with a designated annual contribution of \$500 or more.
- ♣ Donors may choose to name the scholarship for themselves, for their families or in honor or memory of others. (i.e. "The Smith Family Scholarship," "In Memory of John Smith," "Knight of Columbus Scholarship").
- All Named Scholarships are awarded to students who have demonstrated financial need through the Diocese of Harrisburg and Trinity High School's grant and aid application process.
- ♣ All recipient names are kept confidential.
- ♣ The Named Scholarship commitment is for one academic year.

Donor Name:		Gift is anonymous: Y N
Address:		
Telephone:	Email:	
Scholarship name(s):		
OR check here to support the Trinity High Sch	nool General Tuition As	sistance Fund
Amount Committed: \$		
Payment Type:		
Check enclosed (payable to Trinity High S	chool)	
Credit card (complete section below)		
A check will be sent directly to Trinity Hig	sh School from:	
	(name o	of financial institution or donor-advised fund)
My credit card is a:VisaMasterCard	Discover	American Express
Card number:	Exp. Date:	SEC Code:
Signature		

Please return by May 22, 2024

Trinity High School Advancement Office 3601 Simpson Ferry Road Camp Hill, PA 17011