



Bishop McLaughlin Catholic High School

13651 Hays Rd., Spring Hill, FL 34610 • (727) 857-2600 • www.bmchs.com

General Scholarship Application

Today's Date: ____/____/____

Name of Student Applicant: (Last, First, Middle) _____

Current Grade: _____ Date of Birth: ____/____/____ Sex: Male Female

Parish Affiliation: _____

Parent or Guardian Name(s): _____

Street Address: _____

City, State, Zip: _____

Parent or Guardian Phone: _____ Cell Work Home

Email: _____

Middle School Name and Address: _____

Extracurricular Activities (school related, community service, athletics, etc.) _____

Please list all scholarships for which you are applying _____

STUDENT ESSAY: (Be sure to include your name, grade for the upcoming school year, and the date.)
In 250 - 500 typed words, on an separate sheet of paper, please describe how you put into practice the "Beatitudes" which our Lord, Jesus taught at the *Sermon on the Mount*.

*For additional information, please visit bmchs.com
For questions, please contact scholarships@bmchs.com*