



Bishop McLaughlin Catholic High School

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

Catholic Parish Verification Form

This completed form must be returned to the BMCHS administrative offices, or by email to scholarships@bmchs.com. Late Submissions Cannot Be Accepted.

Scholarship Application Year: 2026-2027 2027-2028 2028-2029 2029-2030

Part A - To be Completed by the Parent/Guardian. Please complete this form, in full. Then submit the form to your Parish Office for completion by your Pastor in order to verify your parish affiliation status. By signing this form, you are claiming to be a registered, active, and practicing parish member at the parish listed below. Any discussion regarding what defines a registered, active, and practicing parish member shall take place between you and your parish Pastor.

Full Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Parish Zip Code: _____

Parish Name Where You Are Registered, Active, and Practicing: _____

Parish Address: _____

Parish City: _____ Parish State: _____ Parish Zip Code: _____

Please list the full name and grade level of your children who, as of August, will be attending Bishop McLaughlin Catholic High School:

1. _____ Grade: _____

2. _____ Grade: _____

3. _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Part B - To be Completed by the Parish Pastor. The parent/guardian of the student(s) listed above has claimed their family is registered, active, and practicing members of your parish. We ask that you please verify this claim. Parents/Guardians understand his/her participating status in your parish must be discussed with and verified by you and not Bishop McLaughlin Catholic High School representatives. By signing below, you verify this family is registered, active, and practicing members of your parish.

Pastor's Signature: _____ Date: _____

Printed Name of Pastor: _____ (PARISH SEAL)