

Scholarship Form (completed by principal)

I certify that the following student(s) qualify for the State of Missouri Free and Reduced Lunch Program and therefore will qualify for an MCDA-sponsored scholarship that will cover the cost of their \$36.00 participation fee. Student

name(s): _____

Principal's name: _____

Principal's signature: _____

MCDA Sponsor: _____

Please email or mail to:
Jana Fox, MYHC Coordinator
5015 Angelia Ct
Jefferson City, MO 65109
jafox@heliascatholic.com