



Cardinal Joseph E. Ritter Memorial Scholarship Application

Please print or type all information:

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Email _____

Parent/Guardian Name _____

Phone () _____ Parish/Church Membership _____

Current School _____ Grade _____

I attest that _____ is a student in good standing at
_____ school.

Principal or Designee Signature

Date

On the reverse side of this application or an attached sheet of paper, please write an essay of no more than 500 words answering the following question. "Why is attending Cardinal Ritter High School important to me and my family?"

Please return completed information by May 14, 2022 to:

Cardinal Ritter High School
Attention: Director of Admissions
3360 West 30th Street
Indianapolis, IN 46222
Phone: 317-924-4333 Fax: 317-927-7837