

**APPLICATION**

Fr. David Hiller Fund (FDHF) Scholarship  
602 Main St. Suite 1000  
Cincinnati, OH 45202  
513-345-6701

**IMPORTANT:** Parents/Guardians-please read this application carefully and fill it out completely.  
If you have questions, please call Mr. Ned Hertenberg at 345-6701

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Student's Last Name \_\_\_\_\_ -First Name \_\_\_\_\_

Address \_\_\_\_\_ -Apt. \_\_\_\_\_ -Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

School planning to attend in School Year 20\_\_-20\_\_ : \_\_\_\_\_

Grade in School Year 20\_\_-20\_\_ (circle one)    9        10        11        12

Student's Date of Birth \_\_\_\_\_

Kolping Parent/Guardian \_\_\_\_\_

Member of Kolping since \_\_\_\_\_

Parent and Student have been involved in the following Kolping **volunteer** activities:

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**CONFIDENTIAL INFORMATION**

In order for the application to be considered, you must include the following:

- A copy of the front page of your most recent Federal Tax return (Forms 1040 or 1040EZ or 1040A) .
- A copy of the student's grade transcript and recommendation from student's teacher or Principal.

On a separate page, describe any unusual circumstances, e.g., medical problems, loss of parent's job, multiple children attending parochial schools, etc., which should be considered in the evaluation.

**PARENTAL RELEASE FORM**

I give permission for the Cincinnati Scholarship Foundation to have access to any school records of \_\_\_\_\_ (name of son or daughter) to determine academic eligibility for continued participation in the FDHF scholarship program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Send your application and related forms to: Cincinnati Scholarship Fund  
602 Main Street Suite 1000  
Cincinnati, OH 45202 Attn: Ned Hertenberg