



# Ministry of Motherhood M.O.M.

*St. Joseph, Somers Point  
Our Lady of Sorrows, Linwood  
Church of St. Katharine Drexel, Egg Harbor Twp.*

## *Our Mission Statement:*

*We are a group of new and experienced mothers  
who share a commitment to making Christ the center of our family lives.  
We do this through supporting, praying, sharing with and learning from each other.*

Dear Parent,

The Ministry of Motherhood of Our Lady of Sorrows'/St. Joseph's/St. Katherine Drexel's Parishes invites families with students in St. Joseph Regional School and St. Vincent de Paul Regional School to apply for its **6th Annual Primary School Scholarship**.

The award decision will be based upon the following criteria:

- Financial Need (*applicants must have applied for aid through the parish*)
- Active participation in parish (*letter from pastor with examples*)
- Short answers including why Catholic education is important to you.

Please complete the attached application and mail to 16 Cottage Road, Egg Harbor Township, NJ 08234. Applications must be received by **February 6, 2018**.

If you have any questions, please don't hesitate to contact:

**Cara Kurtz: (609) 334-8354**

# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

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

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### Ministry of Motherhood Scholarship Application

Thank you for applying for the Ministry of Motherhood's **6th Annual Primary School Scholarship**. Decision will be based upon the following criteria:

- Financial Need (*applicants must have applied for aid through the parish*)
- Active participation in parish (*letter from pastor with examples*)
- Short answers including why Catholic education is important to you

Directions: Please submit all applications by mail to:

**Ministry of Motherhood Scholarship Application**  
**16 Cottage Road, Egg Harbor Twp., NJ 08234**

*Make sure you have signed the release for your school's financial aid officer to confirm that you have applied for aid and that you have included a letter from your pastor stating that you are an active member of your parish. \*\*Please do not include your name on any pages besides this one- write a number of your choice (keep it the same- see first line) on each page in space provided.*

**Applications must arrive no later than February 6, 2018.**

We, \_\_\_\_\_, hereby give the Ministry of Motherhood approval to contact the financial aid officer for St. Joseph's Regional School/St. Vincent DePaul Regional School and to confirm that we have applied for and/or appealed financial aid from the parish. We attest that we have applied for aid.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Financial Need? Y/N

Parish Letter? Y/N

# \_\_\_\_\_



3. Explain your unique circumstances which make it more difficult for your family to afford a Catholic education.

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