



St. John the Baptist Catholic School

315 N. Constitution Avenue

New Freedom, PA 17349

717-235-3525

www.stjnschool.org

Please accept my contribution to the **Fr. Capitani Memorial Scholarship Fund** in the amount of: \$_____.

Please accept my contribution to the **SJB Annual Fund** in the amount of: \$_____.

I understand that this Scholarship will be used to help financially assist parents in sending their child/ren to St. John the Baptist Catholic School.

Checks may be made out to "St. John the Baptist Catholic School" and mailed to:

Scholarship Fund

c/o St. John the Baptist Catholic School

315 N. Constitution Ave.

New Freedom, PA. 17349

Send Acknowledgement To:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____