

# Alumnae Super Saint Scholarship Form

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First Name      Maiden Name      Last Name      Class Year

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Address

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City      State      Zip

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Phone #      Cell #

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Email address

Size:    \_\_\_XS    \_\_\_S    \_\_\_M    \_\_\_L    \_\_\_XL    \_\_\_XXL

Payment Options:

\_\_\_\_\_ Check (payable to Seton High School)

\_\_\_\_\_ Credit    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ Discover

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Card #

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Exp. Date

Security Code

\$100 – Super Saint Level

\$50 – Alumnae Pride Level

Total:      \$\_\_\_\_\_

Ship to home – add \$5 or pick up at Seton

Grand Total:    \$\_\_\_\_\_

Mail to:

Seton High School  
Attn: Alumnae Super Saint Scholarship Fund  
3901 Glenway Ave.,  
Cincinnati, OH 45205