DIOCESE OF NORTH AMERICA & EUROPE

MAR THOMA MERIT AWARD 2014

Application form for Mar Thoma Merit Award: Criteria for Valedictorian

STUDENT INFORMATION

Student Name: _____
Last Name First Name Middle Initial

Parents' Name: _____

Home Address: _____

Home Telephone: _____ Email: _____

HIGH SCHOOL INFORMATION

High School Name: _____

Address _____

Graduation Date: _____ GPA/Percent Marks: _____

PARISH INFORMATION

Parish Name: _____

Vicar: _____

By submitting this application I attest that all information is accurate and truthful.

Student Signature:_____ Date:_____

I hereby verify that the student above is a member of my Parish/Congregation who attends worship services regularly and participates in parish activities.

Vicar Signature: _____ Date: _____

Please attach the following items with this form:

- A letter from High School certifying Valedictorian Award
- Copy of student's Valedictorian speech, if available.
- A passport size photograph of the student

***Return the completed form to*:**

Mr. Samuel K. Samuel
Sinai Mar Thoma Center
2320 Merrick Avenue
Merrick, NY 11566
Tel: (914) 498-4990
Fax: (516) 377- 3322