

**Catholic Daughters of the Americas
Texas State Court
Memorial Scholarship Fund**

Court Name, Number & City _____

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TOTAL MONIES SUBMITTED-----\$ _____

Please make **local court check** payable to: **CDA State Court of Texas**
(Suggested amount - \$2.50 per enrollment)

Please mail this form to: **Melodie Brunt**
Second Vice State Regent
1243 N FM2148
Texarkana, TX 75501
903-293-4911
cdambrunt@gmail.com

For Office Use Only
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