



# OBLATE SCHOOL OF THEOLOGY

## THE GORDON FAMILY SCHOLARSHIP

---

The **Gordon Family Scholarship** is an annual scholarship granted to a student accepted into any degree at Oblate School of Theology. This scholarship is competitive and based on pastoral and academic potential. Determination is made by the Scholarship Committee. One scholarship will be awarded per academic year in an amount up to \$500.

### Qualifications:

1. The student must meet the admission requirements for acceptance into Oblate School of Theology.
2. The student must meet the admission requirements for their particular degree program.
3. The student must have plans to be in full-time ministry or presently in full-time ministry.

Priority will be given to Roman Catholics, or those engaged in ministry at settings sponsored by the Roman Catholic Church, as well as those serving in settings which are underserved, serve the poor, or the abandoned. Other applicants will be considered. The decision will be made by the OST Scholarship Committee.

Applications may be obtained from the Finance Office or online and returned to the Finance Office. Applications are due by August 1<sup>st</sup> for consideration for the fall semester. Applicants must have applied to OST and to a degree program in order for the scholarship application to be considered.



# OBLATE SCHOOL OF THEOLOGY

## Gordon Family Scholarship Application

---

Date of Application \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Dependants: \_\_\_\_\_

Are you presently involved in full-time ministry?  Yes  No

If yes, where?

\_\_\_\_\_

If no, when do you plan to enter full-time ministry and where?

\_\_\_\_\_

What is your main area of interest in ministry?

\_\_\_\_\_

\_\_\_\_\_

What is your undergraduate degree? \_\_\_\_\_ GPA \_\_\_\_\_

Have you applied for admission to the Oblate School of Theology?

Yes  No

**On a separate paper, please tell us about your ministry and the community it serves. Please limit this section to two typed double-spaced pages.**

**FINANCIAL INFORMATION**

**Semester for which you are requesting aid:** \_\_\_\_\_

**How did you learn about this scholarship?** \_\_\_\_\_

**Where else have you sought financial aid?** \_\_\_\_\_

**Do you have outstanding Student Loans?** \_\_\_\_\_

**If yes, from Whom:** (Name, City, State of Lender) \_\_\_\_\_

**Are you presently employed?** \_\_\_\_\_

**If yes, provide Employer's Name and Address:** \_\_\_\_\_

**Is your spouse employed?** \_\_\_\_\_

**If yes, provide Employer's Name and Address:** \_\_\_\_\_

**Please explain reason for your request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you discussed you Theological Education and your need for Financial Assistance with your employer/parish/sponsor?  Yes  No**

**Are they willing to contribute financially towards your education?  Yes  No**

**If no, please explain** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information you provide will be treated in a confidential manner and will be made available only to the Finance Office and the Scholarship Committee. **Please attach most recent form 1040, if applicable.**

<b><u>Income (A)</u></b> (most recent)		<b><u>Personal Expenses (B)</u></b> (most recent)	
Annual Gross Income:		Monthly Expense:	
Yours	\$	Housing	\$
Spouse		Utilities	
Other		Phone	
Child Support		Car Payment	
		Car Insurance	
Financial Assistance for Education from:		Medical, Dental, Life, etc.	
Parents	\$	Food	
Employer		Insurance	
Grants		Other (please itemize)	
Loans			
Archdiocesan Vouchers			
Other			
Total Annual Income (A):	\$	Total Monthly Expense:	\$
			X 12
		Total Annual Expense (B):	\$
<b>Education Expense:</b>	<b>(Semester)</b>	<b>Education Expense (C):</b>	<b>(Annual)</b>
OST Tuition (___cr hrs X tuition rate)	\$	OST Tuition (___ cr hrs X tuition rate)	\$
Fees		Fees	
Transportation		Transportation	
Books		Books	
Other (please itemize)		Other (please itemize)	
Total Semester Expense	\$	Total Annual Expense (C)	\$

Total Annual Income	(A)	\$
Less Annual Personal Expense	(B)	
Less Annual Education Expense	(C)	
Net Income		\$
Amount of Scholarship Requested*		\$
* OST reserves the right to determine how much and who will receive scholarship funds.		

All information requested by and/or submitted with this application will be held in the strictest of confidence; however, by signing this form applicant grants permission for the Finance Office and Scholarship Committee to view pertinent financial and academic records.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date