



OBLATE SCHOOL OF THEOLOGY

OST Tuition Assistance Application

Semester for which you are requesting aid: _____

Application is due in Finance Office by Add/Drop date of each semester.

Name: _____

Address: _____

Email: _____ Zip: _____ Phone: _____

Date of Birth: _____ Religion: _____

Marital Status: _____ # of Dependents: _____

How did you learn about the Program? _____

Where else have you sought financial aid? _____

Do you have outstanding Student Loans? _____

If Yes, to 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: _____

Explain reason for your request:

Do you plan to do ministerial work when you complete this program? If so, explain:

Have you discussed your Theological Education and your need for Financial Assistance with your employer/parish/sponsor?

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

Please complete the backside of this application (Financial Statement) in its entirety. This application must be supported with your most recent 1040(s).

The information you provide will be treated in a confidential manner and will be available only to the Financial Aid Committee. **Please attach more recent 1040, if applicable.**

<u>Income (A) (most recent)</u>		<u>Personal Expenses (B)</u> (most recent)	
Annual Gross Income:		(Monthly Average)	
Yours	\$	Housing	\$
Spouse		Utilities	
Other		Phone	
Child Support		Car Payment	
		Car Insurance	
Financial Assistance for Education From:		Medical, Dental	
Parents	\$	Food	
Employer		Insurance	
Grants		Other (Name)	
Loans			
Archdiocesan Vouchers	\$ _____		
Total Annual Income (A):	\$	Total Monthly Expenses:	\$
			x 12
		Total Annual Expense: (B)	\$
<u>Education Expenses (Semester of Applic)</u>	(Semester)	<u>Education Expenses (C)</u>	(Current Year)
OST Tuition (____ cr hrs X \$ tuition rate)	\$	Tuition (____ cr hrs X rate)	\$
Fees		Fees/Retreat	
Transportation		Transportation	
Books		Books	
Other:		Other (Name)	
Total Semester Expenses (C)	\$	Total Annual Expense: (C)	\$

Total Annual Income	(A)	\$
Less Annual Personal Expense	(B)	
Less Annual Education Expense	(C)	
Net Income:		\$
Amount Requested from OST*		\$
<ul style="list-style-type: none"> Max amount of request is up to 1/3 of OST graduate level credit tuition for on campus study only. 		

Last Semester GPA: _____

Applicants for the OST/Viva! Tuition Grants grant permission for the review committee to view pertinent academic records by signing this application.

Please note: Tuition Assistance is available for graduate level credit courses only.

Note: Please attach your most recent 1040(s).

Signature of Applicant

Date

NB: Please use the original colored paper application only.

Applicant will be notified by mail as to the decision for funding from the Financial Aid Committee.