



# OBLATE SCHOOL OF THEOLOGY

## OST/VIVA! Tuition Grant (Fall Semester Only)

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

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

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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 (____ or hrs X \$ tuition rate)		\$	Tuition (____ or 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"> <li>• Max amount of request is up to 1/3 of OST graduate level credit tuition for on campus study only.</li> </ul>		

Last Semester GPA: _____
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*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.

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

\_\_\_\_\_  
Date

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

**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.