



OBLATE SCHOOL OF THEOLOGY

OST Tuition Assistance Application

Date of Application _____

Name: _____

Address: _____

Email: _____ Zip: _____ Phone: _____

Date of Birth: _____ Religion: _____

Marital Status: _____ # of Dependents: _____

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.

Only one application is required per academic year; however, funds will not be awarded retroactively if the application is not submitted prior to the deadlines. The deadlines are as follows: August 1st for consideration for the academic year, January 2nd for consideration for the spring and summer semesters, and May 1st for consideration for the summer semester. Applicants must have applied to OST and to a degree program in order for the scholarship application to be considered.

FINANCIAL INFORMATION

Semester(s) 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 your 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 all pages of your most recently filed form 1040, if applicable.**

Income (A) (most recent)		Personal Expenses (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 (please itemize)			
		Total Monthly Expense:	\$
			X 12
Total Annual Income (A):	\$	Total Annual Expense (B):	\$
Education Expense:	(Semester)	Education Expense (C):	(Annual)
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 the applicant grants permission for the Finance Office and Scholarship Committee to view pertinent financial and academic records.

Applicant Signature

Date