



## TOLTON CATHOLIC SCHOLARS PROGRAM OF THE ARCHDIOCESE OF MILWAUKEE

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### RENEWAL SCHOLARSHIP APPLICATION

*This application must be complete for consideration. Once your completed application has been received, it will be forwarded to your Parish Pastor for endorsement. It will then be given to the Tolton Catholic Scholars Committee for review and consideration.*

*You will be informed of the outcome of that review via e-mail and outline the next steps. Please allow approximately 2-3 weeks for this process.*

*Return this completed application along with a copy or PDF of your tuition statement to the Grant Administrator: Allie Karos | (414) 769-3395 | [karosa@archmil.org](mailto:karosa@archmil.org)*

### YOUR INFORMATION

Name: \_\_\_\_\_  
(First Middle Last)

Date of Birth: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

### TOLTON CATHOLIC SCHOLARS SCHOLARSHIP PURPOSE

Education Completed to Date: \_\_\_\_\_

Name of School you are Enrolled: \_\_\_\_\_

Year of Study: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

## *School Office of Admissions Contact Information*

Admissions Officer Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tuition Cost: \$ \_\_\_\_\_

### *In addition please provide the following information:*

➤ **INCLUDE A COPY OR PDF OF YOUR TUITION STATEMENT**

A copy or a PDF of your tuition statement for the upcoming semester, or provide an estimate based on the school's tuition schedule, such as \$xxx for a full-time semester enrollment or \$xxx per credit multiplied by the number of credits you are enrolled in. Scholarship awards typically are for up to \$2,500 for a semester.

This scholarship program is intended to promote your growth spiritually and personally.

➤ **SCHOLARSHIPS TERMS AND CONDITIONS**

- You agree to make satisfactory academic progress in your studies.
- You agree to participate in the sacraments and engage in parish life (as agreed with your Pastor).
- You agree to participate in a community formation session for the "Tolton Catholic Scholars."
- Scholarship payments are sent directly to the educational institution where you are enrolled.

By acknowledging this you agree to the above terms and conditions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



### GENERAL CONSENT FORM FOR PHOTO, VIDEO, AND AUDIO USE

I, **(Full Name):** \_\_\_\_\_ ,  
hereby consent that any still or electronic image and/or audio recording, in which I may appear, may be used by

**Archdiocese of Milwaukee/Ministry:** Office for Catholic Social Responsibility

and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for the promotion of

**Parish/Promotional Event/Function:** Tolton Catholic Scholars Program

and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts.

I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the Archdiocese's use of this/these photographs.

**FULL NAME:**

**DATE SIGNED:**

**SIGNATURE:**

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

**NOTES:**