



ARCHBISHOP'S SCHOLARS FUND
Application Form

Name:

Home Address:

City:

State:

Zip Code:

Phone Number:

Personal Email Address:

Place of Employment:

Role:

Address:

City:

State:

Zip Code:

Phone Number:

Work Email Address:

Years Served in this Role:

Years Served in Ministry:

Home Parish, where you are currently a member:

PREVIOUS EMPLOYMENT:

Dates	Parish/Organization	Role
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EDUCATIONAL BACKGROUND:

Educational Institution:

Dates: _____ to _____ Degree Completed: Yes No

Degree(s)/Certificate(s):

Educational Institution:

Dates: _____ to _____ Degree Completed: Yes No

Degree(s)/Certificate(s):

Educational Institution:

Dates: _____ to _____ Degree Completed: Yes No

Degree(s)/Certificate(s):

Educational Institution:

Dates: _____ to _____ Degree Completed: Yes No

Degree(s)/Certificate(s):

The Graduate Program I wish to attend:

Have you been accepted into this program? Yes No

Have you applied for the maximum financial aid available through this institution? Yes No

How much aid do you anticipate receiving?

How much financial support is your parish/employer contributing?

What other sources of financial aid are available to you?

Tell us about yourself. Why do you wish to attend this program, and pursue an advanced degree, at this time?
What components of this program are of interest to you?

How will your further education benefit the parishes and ministries of the Archdiocese of Milwaukee?

How will this scholarship assist you in ministering to underserved populations in the Archdiocese of Milwaukee?

Along with your application, please submit:

- Your baptismal certificate, issued within the last six months
- A copy of your resume or CV
- A copy of last year's income tax return
- Two letters of recommendation from colleagues or peers familiar with your ministry
- A letter of recommendation from your pastor or supervisor
- A letter of recommendation from your home pastor/parish director/parish administrator

Applicant:

I certify that all the information and statements on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Name

Signature

Date