



Application Deadline:
Must be completed and received by
MONDAY, APRIL 3, 2017

SCHOLARSHIP APPLICATION

THE CATHOLIC FOUNDATION OF OKLAHOMA, INC.

Must be a permanent resident of the Archdiocese of Oklahoma City

- Undergraduate College Scholarship
- University of Oklahoma Medical Scholarship (*OU medical school applicants only*)
- Nursing Scholarship (*nursing school applicants only*)
- Pastoral Musician's Scholarship (*music majors only*)

SCHOLARSHIP AVAILABILITY WILL BE DETERMINED AFTER 2017-2018 RENEWAL CONFIRMATIONS ARE RECEIVED FROM CURRENT SCHOLARSHIP RECIPIENTS

PERSONAL INFORMATION

NAME _____ SEX M ___ F ___ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (_____) _____

EMAIL ADDRESS _____ CELL (_____) _____

PARISH _____ LOCATION _____

ARE YOU EMPLOYED? NO ___ YES - Full-Time ___ Part-Time ___ ANNUAL INCOME \$ _____

EMPLOYER _____ WORK PHONE (_____) _____

MARITAL STATUS: SINGLE ___ ENGAGED ___ MARRIED ___ WIDOWED ___ DIVORCED ___

IF MARRIED—IS SPOUSE EMPLOYED? NO ___ YES - Full-Time ___ Part-Time ___

EMPLOYER _____ ANNUAL INCOME \$ _____

IS SPOUSE ATTENDING SCHOOL? NO ___ YES ___ NUMBER OF CHILDREN _____

FAMILY INFORMATION (*complete if parent claims student on tax return or provides any financial support*)

FATHER	NAME _____ OCCUPATION _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____ PHONE (_____) _____
	EMPLOYER _____ INCOME \$ _____ WORK PHONE (_____) _____

MOTHER	NAME _____ OCCUPATION _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____ PHONE (_____) _____
	EMPLOYER _____ INCOME \$ _____ WORK PHONE (_____) _____

IS EITHER PARENT OR SPOUSE EMPLOYED FULL TIME BY A CATHOLIC ORGANIZATION IN THE ARCHDIOCESE OF OKLAHOMA CITY?
NO ___ YES ___ IF YES, NAME OF EMPLOYER _____

PLEASE LIST NAMES AND AGES OF BROTHERS AND SISTERS AND THE SCHOOLS THEY ATTEND (*Attach additional sheet if necessary*)

NAME	AGE	GRADE	SCHOOL

HOW DID YOU LEARN ABOUT THE CATHOLIC FOUNDATION SCHOLARSHIP PROGRAM?

DESCRIBE THE REASONS YOU WISH TO RECEIVE THIS SCHOLARSHIP?

PLEASE LIST ANY OTHER SCHOLARSHIPS OR GRANTS RECEIVED

Name of Scholarship/Grant	Amount per Semester	% of Total Expenses

ARE YOUR PARENTS PLANNING TO HELP WITH THE COST OF YOUR EDUCATION? NO ____ YES ____
IF YES, HOW MUCH PER SEMESTER? \$ _____

HAVE YOU OR YOUR PARENTS OBTAINED A LOAN TO ASSIST WITH THE COST OF YOUR EDUCATION? NO ____ YES ____

NOTE: The Catholic Foundation will not award scholarship monies that exceed 100% of tuition and fee expenses.

I affirm the foregoing to be true and accurate to the best of my knowledge. I promise to use the scholarship, if granted, for no other purpose than the necessary expenses of continuing my education, as stated above. I further promise to keep the Catholic Foundation of Oklahoma, Inc. informed of any changes in my educational plans.

The undersigned hereby gives and grants the Catholic Archdiocese of Oklahoma City and the Catholic Foundation of Oklahoma, Inc. permission to use, publish and air biographic and photographic material obtained in this application to promote scholarships and other programs in the Archdiocese.

SIGNATURE

DATE

PARENT SIGNATURE (if student if under 18 years of age)

DATE

PLEASE USE THE SPACE BELOW TO INFORM THE CATHOLIC FOUNDATION SCHOLARSHIP SELECTION COMMITTEE OF ANY SPECIAL CIRCUMSTANCES (Attach an additional sheet if necessary)

Large empty rectangular box for special circumstances.

PASTORAL MUSIC SCHOLARSHIP APPLICANTS

MUSICAL BACKGROUND

DO YOU SING? YES _____ NO _____

WHAT MUSICAL INSTRUMENTS DO YOU PLAY?

DO YOU PARTICIPATE IN PASTORAL MUSIC IN YOUR PARISH? YES _____ NO _____

IF YES, PROVIDE DETAILS:

PLEASE USE THIS SPACE TO PROVIDE MORE INFORMATION ON YOUR MUSIC BACKGROUND AND YOUR DESIRE TO BE A PASTORAL MUSICIAN: *(Attach an additional sheet if necessary)*

**APPLICATIONS WILL NOT BE ACCEPTED IF INCOMPLETE OR RECEIVED AFTER
MONDAY, APRIL 3, 2017**



APPLICATION CHECK LIST

THE FOLLOWING ITEMS MUST BE COMPLETED AND RETURNED TO THE CATHOLIC FOUNDATION OFFICE.

___ **Completed Application Form**

___ Provide documentation detailing any special circumstances that may need to be considered by Scholarship Selection Committee (*please use page 2 of Application or attach additional pages if necessary*).

___ Parent Signature, if under the age of 18 years

___ Recent photo (*optional*)

___ **Copy of official High School/College Transcript**

___ **Copy of official ACT, SAT or MCAT Test Scores**

___ **Copy of parents 2016 Income Tax Return**

*Submit only first few pages of return (*include section that calculates Adjusted Gross Income*). Provide support data only if needed.

*If parents are divorced, **both** parents will need to submit copies of their tax returns. Non-custodial parent can mail return directly to the Catholic Foundation office.

*If return is based on farm income, please submit a copy of tax returns for the past two years (*2015 and 2016*)

___ **Pastor Recommendation**

___ Complete Applicant section (Page 2 of Recommendation Form)

___ Deliver to Pastor with stamped envelope (*addressed to Catholic Foundation*)

___ Confirm that Pastor has sent Recommendation Form back to Catholic Foundation. (Deadline: April 3, 2017)

___ **School Dean/Advisor or Principal Recommendation Form**

___ Complete Applicant section (Page 2 of Recommendation Form)

___ Deliver to school with stamped envelope (*addressed to Catholic Foundation*)

___ Confirm that school has sent Recommendation Form back to Catholic Foundation. (Deadline: April 3, 2017)

___ Keep copy of Application for records.

___ Confirm that the Catholic Foundation has received completed Application and all required documentation.

APPLICATIONS WILL NOT BE ACCEPTED IF INCOMPLETE OR
RECEIVED AFTER
MONDAY, APRIL 3, 2017

CATHOLIC FOUNDATION OF OKLAHOMA, INC.

Investing in the Future of Our Faith

P.O. Box 32180

OKLAHOMA CITY, OKLAHOMA 73123-0380

(405) 721-4115 * FAX (405) 721-4114

EMAIL: cfo-info@archokc.org

**SCHOLARSHIP AVAILABILITY WILL BE DETERMINED AFTER 2017-2018 RENEWAL
CONFIRMATIONS ARE RECEIVED FROM CURRENT SCHOLARSHIP RECIPIENTS**

CATHOLIC FOUNDATION OF OKLAHOMA, INC.

SCHOLARSHIP PROGRAM

PASTOR OR CATHOLIC COLLEGE CHAPLAIN

Please complete this form and return to the Catholic Foundation of Oklahoma NO LATER THAN Monday, April 3, 2017

CATHOLIC FOUNDATION OF OKLAHOMA, INC.

SCHOLARSHIP PROGRAM

P.O. Box 32180 * Oklahoma City, OK 73123-0380 * Phone (405) 721-4115 * Fax (405) 721-4114 * cfo-info@archokc.org

STUDENT NAME _____

PARENT NAME _____

- 1. Do you know the above-named Student? ___ Yes ___ Somewhat ___ No
- 2. Is this student a practicing Catholic? ___ Yes ___ I Don't Know ___ No
- 3. Is it important that this student receive financial assistance
in order to continue his/her education? ___ Yes ___ I Don't Know ___ No
- 4. Are both parents living in the home? ___ Yes ___ I Don't Know ___ No
- 5. Is the student actively involved in the Parish now? ___ Yes ___ I Don't Know ___ No

Please explain:

- 6. What leadership roles has this student assumed in the Parish or community?

PERSONAL RECOMMENDATION OR COMMENT:

Completed by:

Signature

Date

APPLICANT FILL OUT THIS SIDE

NAME: _____

PARISH BACKGROUND

HOME PARISH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PASTOR _____ PHONE (_____) _____

ARE YOU AN ACTIVE MEMBER? _____ HOW LONG HAVE YOU BEEN A MEMBER? _____

PLEASE LIST THE NUMBER OF YEARS YOU HAVE BEEN INVOLVED IN ANY OF THE FOLLOWING PARISH ACTIVITIES:

____ MASS SERVER

____ COMMUNION MINISTER

____ LECTOR

____ PARISH YOUTH GROUP

____ CHOIR MEMBER

____ CAMPUS MINISTRY

____ USHER/GREETER

____ RELIGIOUS EDUCATION VOLUNTEER

PLEASE EXPLAIN YOUR PARISH INVOLVEMENT AND DESCRIBE OTHER WAYS IN WHICH YOU HAVE SERVED YOUR PARISH AND/OR COMMUNITY (include a description of service hours obtained through school or church activities):

APPLICATIONS WILL NOT BE ACCEPTED IF INCOMPLETE OR RECEIVED AFTER

MONDAY, APRIL 3, 2017

CATHOLIC FOUNDATION OF OKLAHOMA, INC.

SCHOLARSHIP PROGRAM

SCHOOL DEAN/ADVISOR OR PRINCIPAL

RECOMMENDATION FORM

_____ has applied for financial assistance from the **CATHOLIC FOUNDATION OF OKLAHOMA, INC.** in order to continue his/her education. Please complete this form and return to the address below **NO LATER THAN MONDAY, APRIL 3, 2017**, so the Scholarship Selection Committee can make a valid appraisal of this student's application.

**CATHOLIC FOUNDATION OF OKLAHOMA, INC.
SCHOLARSHIP PROGRAM**

P.O. Box 32180 * Oklahoma City, OK 73123-0380 * Phone (405) 721-4115 * Fax (405) 721-4114 * cfo-info@archokc.org

The information provided on this form will be held in strict confidence.

STUDENT NAME _____

PARENT(S) NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

1. How long has this student been enrolled at your school? _____

2. What is his/her academic rank in the class? _____ Current GPA _____

3. Test Scores: SAT _____ ACT _____ MCAT _____

4. Please provide a summary of this students' participation in school organizations/activities

5. In your opinion, will this student benefit from the type of post-high school education he/she has selected? YES _____ NO _____

6. How important is it that this student received financial assistance in order to continue his/her education?
 VERY IMPORTANT _____ AVERAGE IMPORTANCE _____ WILL BE ABLE TO CONTINUE WITHOUT ASSISTANCE _____

Please add any comments which would assist the Scholarship Selection Committee

PERSONAL RECOMMENDATION OR COMMENT:

NAME _____ TITLE _____

SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____

**APPLICATIONS WILL NOT BE ACCEPTED IF INCOMPLETE OR RECEIVED AFTER
MONDAY, APRIL 3, 2017**

APPLICANT FILL OUT THIS SIDE

NAME: _____

EDUCATIONAL INFORMATION—COLLEGE:

Please complete ONLY if you are a High School Senior or College Student

HIGH SCHOOL ATTENDED _____

LOCATION _____

FUTURE COLLEGE OR UNIVERSITY _____

LOCATION _____

AREA OF STUDY (Business, Arts & Sciences, Medicine, Music, Religion, etc.) _____

FULL-TIME STUDENT ENROLLMENT (12 hours minimum) YES _____ NO _____

CLASSIFICATION (as of next year)

Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Student ___ Other _____

EDUCATIONAL INFORMATION—MEDICAL SCHOOL:

Please complete ONLY if you enrolled in the University of Oklahoma School of Medicine

COLLEGE WHERE UNDERGRADUATE DEGREE WAS OBTAINED _____

YEAR IN MEDICAL SCHOOL _____

ANTICIPATED GRADUATION DATE _____

AUTHORIZATION: To be completed by student applicant

I hereby authorize _____ (name of school) to release my academic records to The Catholic Foundation of Oklahoma Scholarship Committee.

SIGNATURE

DATE

APPLICATIONS WILL NOT BE ACCEPTED IF INCOMPLETE OR RECEIVED AFTER
MONDAY, APRIL 3, 2017