



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

CAREER TECH SCHOLARSHIP APPLICATION
THE CATHOLIC FOUNDATION OF OKLAHOMA, INC.

Must be a permanent resident of the Archdiocese of Oklahoma City

PLEASE NOTE: SCHOLARSHIPS ARE FOR PROGRAM DIRECT EXPENSES ONLY
For Post Secondary Education

PERSONAL INFORMATION

NAME _____ SEX M ___ F ___ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (_____) _____

EMAIL ADDRESS _____ CELL (_____) _____

PARISH You Attend _____ 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 _____

Your 2016 Adjusted Gross Income: _____ # of Dependents Claimed on Your 2016 Tax Return _____

Complete section below if anyone else provides you with any financial support

NAME _____ RELATIONSHIP _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE (_____) _____
Amount of Support provided \$ _____ PHONE (_____) _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE (_____) _____
Amount of Support provided \$ _____ PHONE (_____) _____

HOW DID YOU LEARN ABOUT THE CATHOLIC FOUNDATION VOCATIONAL SCHOLARSHIP PROGRAM?

DESCRIBE THE REASONS YOU WISH TO RECEIVE THIS SCHOLARSHIP?

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 providing special circumstances.

PLEASE LIST ANY OTHER SCHOLARSHIPS OR GRANTS RECEIVED

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

IS ANYONE ELSE PLANNING TO HELP WITH THE COST OF YOUR EDUCATION? NO _____ YES _____
IF YES, HOW MUCH PER YEAR? \$ _____

HAVE YOU OR OTHERS 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 program direct costs.

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

CATHOLIC FOUNDATION OF OKLAHOMA, INC.**CAREER TECH SCHOLARSHIP PROGRAM****NAME:** _____**EDUCATIONAL INFORMATION—SCHOOL:**

HIGH SCHOOL PREVIOUSLY ATTENDED _____

LOCATION _____ YEAR OF GRADUATION: _____

CAREER TECH SCHOOL YOU PLAN TO ATTEND: _____

LOCATION _____

AREA OF STUDY (I.E. Electrician, Mechanic, Graphic Art, etc.) _____

CHOOSE ONE:

FULL-TIME STUDENT ENROLLMENT (24 CLOCK HRS PER WEEK OR MORE) YES _____ NO _____

PART-TIME STUDENT ENROLLMENT (15—24 CLOCK HRS PER WEEK) YES _____ NO _____

CLOCK HOURS REQUIRED TO COMPLETE PROGRAM _____

(PLEASE SUBMIT PROGRAM PLAN THAT WILL BE REQUIRED TO COMPLETE YOUR CERTIFICATION)

LENGTH OF PROGRAM TO COMPLETE CERTIFICATION:(NUMBER OF YEARS) _____

CERTIFICATION TO BE OBTAINED: _____

(Must be a program for which certificate/certification is obtained upon completion)

COST OF PROGRAM PER YEAR _____

ANTICIPATED COMPLETION DATE OF PROGRAM _____

*To receive certificate/certification***AUTHORIZATION:** To be completed by student applicant

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

SIGNATURE_____
DATE

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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*).
- ___ Recent photo (*optional*)

___ **Adjusted Gross Income and Number of Dependents:**

*If awarded a scholarship a copy of your Tax Return and or any others who contributed to your support may be required (*to substantiate listed amounts on page 1*).

___ **Pastor Recommendation**

- ___ Complete Applicant section (Page 2 of Pastor Recommendation Form)
- ___ Deliver both pages 1 & 2 to Pastor with stamped envelope (*addressed to Catholic Foundation*)
- ___ Confirm that Pastor has sent Recommendation Form back to Catholic Foundation. (Deadline: July 3, 2017)

___ **School Information Sheet**

- ___ Include Program Plan from your Career Tech with this section.

___ Keep copy of Application for records. When approved, your scholarship will be paid directly to the Career Tech Cashier.

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

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CATHOLIC FOUNDATION OF OKLAHOMA, INC.

Scholarship Program

P.O. Box 32180

OKLAHOMA CITY, OKLAHOMA 73123-0380

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

EMAIL: cfo-info@archokc.org

**SCHOLARSHIPS ARE AVAILABLE FOR PROGRAM DIRECT EXPENSES FOR
CAREER TECH PROGRAMS THAT OFFER A CERTIFICATE OR CERTIFICATION UPON COMPLETION.**

CATHOLIC FOUNDATION OF OKLAHOMA, INC.
CAREER TECH SCHOLARSHIP PROGRAM

PASTOR OR CATHOLIC COLLEGE CHAPLAIN RECOMMENDATION

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

CATHOLIC FOUNDATION OF OKLAHOMA, INC.
CAREER TECH 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. 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:

Reverend

Parish/School

Signature

Date

APPLICANT FILL OUT THIS SIDE SO THAT PASTOR WILL BE FAMILIAR WITH YOUR ACTIVITIES

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):

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