

Application Deadline -  
Must Be Received & Completed By:  
**Friday, April 16, 2010**



For Foundation Use

\_\_\_\_\_  
Date Received    Date Completed    Number

**SCHOLARSHIP APPLICATION**  
**THE CATHOLIC FOUNDATION OF OKLAHOMA, INC.**

PLEASE TYPE OR PRINT

College Scholarship  
 Medical Scholarship  
 Nursing Scholarship  
 Pastoral Musician's Scholarship

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL ( ) \_\_\_\_\_

ARE YOU EMPLOYED? NO \_\_\_ YES - FULL-TIME \_\_\_ PART-TIME \_\_\_ INCOME \$ \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_ ENGAGED \_\_\_ MARRIED \_\_\_ WIDOWED \_\_\_ DIVORCED \_\_\_

IF MARRIED -

IS SPOUSE EMPLOYED? NO \_\_\_ YES - FULL-TIME \_\_\_ PART-TIME \_\_\_

INCOME \$ \_\_\_\_\_ IS SPOUSE ATTENDING SCHOOL? YES \_\_\_ NO \_\_\_

NUMBER OF CHILDREN \_\_\_\_\_

**FAMILY INFORMATION**

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ INCOME \$ \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

MOTHER'S 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 OKC? YES \_\_\_ NO \_\_\_

PLEASE LIST NAMES AND AGES OF BROTHERS AND SISTERS IN SCHOOL AND/OR COLLEGE AND SCHOOLS THEY ATTEND: (Attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

**SCHOLARSHIP INFORMATION**

**HOW DID YOU LEARN OF THE CATHOLIC FOUNDATION SCHOLARSHIP PROGRAM?**

\_\_\_\_\_

**FOR WHAT REASONS DO YOU WISH TO RECEIVE THIS SCHOLARSHIP?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE OTHER SCHOLARSHIPS/GRANTS? NO \_\_\_ YES \_\_\_ IF YES, PLEASE LIST:**

<b>NAME OF SCHOLARSHIP/GRANT</b>	<b>AMOUNT PER SEMESTER</b>	<b>% OF TOTAL EXPENSES</b>
_____	\$ _____	% _____
_____	\$ _____	% _____

**DO YOUR PARENTS 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: Catholic Foundation does not award scholarship monies that will 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 give and grant 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 the application for scholarship to promote scholarship and other programs of the Archdiocese.

**DATE** \_\_\_\_\_ **SIGNED** \_\_\_\_\_  
(STUDENT)

(Parent Signature if Student is under 18 Years of Age)

**PLEASE USE THIS SPACE TO INFORM THE CATHOLIC FOUNDATION SCHOLARSHIP SELECTION COMMITTEE OF ANY SPECIAL CIRCUMSTANCES. (attach an additional sheet if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



THE CATHOLIC FOUNDATION OF OKLAHOMA, INC.  
SCHOLARSHIP PROGRAM

P.O. Box 32180, Oklahoma City, OK 73123-0380 • Phone(405) 721-4115 • Fax (405) 721-4114

RECOMMENDATION from PASTOR or CATHOLIC COLLEGE CHAPLAIN

To Enable the Selection Committee to make a valid appraisal of this student's application,  
would you please complete this form and return it in the envelope provided  
**TO BE RECEIVED NO LATER THAN FRIDAY, APRIL 16, 2010.**

STUDENT \_\_\_\_\_ PARENT(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

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:

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

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REVEREND \_\_\_\_\_ Date \_\_\_\_\_

PARISH OR SCHOOL \_\_\_\_\_ City \_\_\_\_\_

PERSONAL RECOMMENDATION OR COMMENT:

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RECOMMENDATION from SCHOOL DEAN/ADVISOR OR PRINCIPAL**

One of your students, \_\_\_\_\_ has applied for financial assistance from THE CATHOLIC FOUNDATION OF OKLAHOMA, INC in order to continue his/her education. To enable the Selection Committee to make a valid appraisal of this student's application, would you please complete this form and return it in the envelope provided **TO BE RECEIVED NO LATER THAN FRIDAY, APRIL 16, 2010.**

-Your answers will be held in strict confidence – Thank you very much for your prompt cooperation-

STUDENT \_\_\_\_\_

PARENT(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

6. How long has this student been enrolled in your school?  
\_\_\_\_\_

2. What is his/her academic rank in class? \_\_\_\_\_

3. SAT \_\_\_\_\_ ACT \_\_\_\_\_ GPA \_\_\_\_\_ MCAT \_\_\_\_\_  
(Official scores must be provided by all first time applicants) (Medical Students ONLY)

4. School Activities \_\_\_\_\_

5. in your opinion, will this student be able to benefit from the type of post-high school education he/she has selected? ( ) Yes ( ) No

6. How important, from a financial viewpoint, is it that this student receives financial assistance in order to continue his/her education?

( ) Very Important; ( ) Of Average Importance; ( ) Will be able to continue without assistance.

**Please add any comments which would assist the Scholarship Selection Committee in reaching their decision.**

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONAL RECOMMENDATION OR COMMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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** \_\_\_\_\_

**NAME & LOCATION OF COLLEGE OR UNIVERSITY YOU WILL BE ATTENDING AS A FULL TIME STUDENT (12 hours minimum)**

**YOUR CLASSIFICATION NEXT SEMESTER**

**FR** \_\_\_ **SOPH** \_\_\_ **JR** \_\_\_ **SR** \_\_\_ **GRAD** \_\_\_ **OTHER** \_\_\_\_\_

**AREA OF STUDY (business, art, medicine, music, religion, etc.)** \_\_\_\_\_

**EDUCATIONAL INFORMATION - MEDICAL:**

Please complete **ONLY** if 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.

**Date** \_\_\_\_\_ **Signature of Student** \_\_\_\_\_

**APPLICATIONS WILL NOT BE ACCEPTED IF INCOMPLETE OR RECEIVED AFTER**  
**FRIDAY, APRIL 16, 2010**



## **Applicant Final Check List**

\_\_\_\_\_ **Official** High School/ College Transcript with **official** ACT, SAT or MCAT Test Scores  
Attention: Toby Boothe at the Catholic Foundation.

\_\_\_\_\_ A **COPY** of my parents **2009** Income Tax Return\*

- ❖ Submit **only** first few pages of tax return that end with the *Adjusted Gross Income*. Supply support data only if needed.
- ❖ If your parents are divorced, both need to submit a return. Non-custodial parent can mail return directly to our office.
- ❖ If your parents return is based on farm income, we require copies of both their 2008 and 2009 returns.

\_\_\_\_\_ If under 18, Parent Signature

\_\_\_\_\_ Included a recent photo of myself - optional

\_\_\_\_\_ Completed my portion of Application Form

\_\_\_\_\_ Completed page two of the Pastor Recommendation and attached to page one

\_\_\_\_\_ Completed page two of the School Recommendation and attached to page one

\_\_\_\_\_ Delivered Recommendation Form to Pastor with stamped envelope addressed to CFO.

\_\_\_\_\_ Delivered Recommendation Form to School with stamped envelope addressed to CFO.

\_\_\_\_\_ Confirmed that Pastor has sent in recommendation

\_\_\_\_\_ Confirmed that Principal/Dean (School Representative) has sent in recommendation

\_\_\_\_\_ Keep a copy of application for myself

\_\_\_\_\_ Confirmed that The Catholic Foundation has my completed application

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***THE 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***

***E-MAIL: [tboothe@catharchdioceseokc.org](mailto:tboothe@catharchdioceseokc.org)***