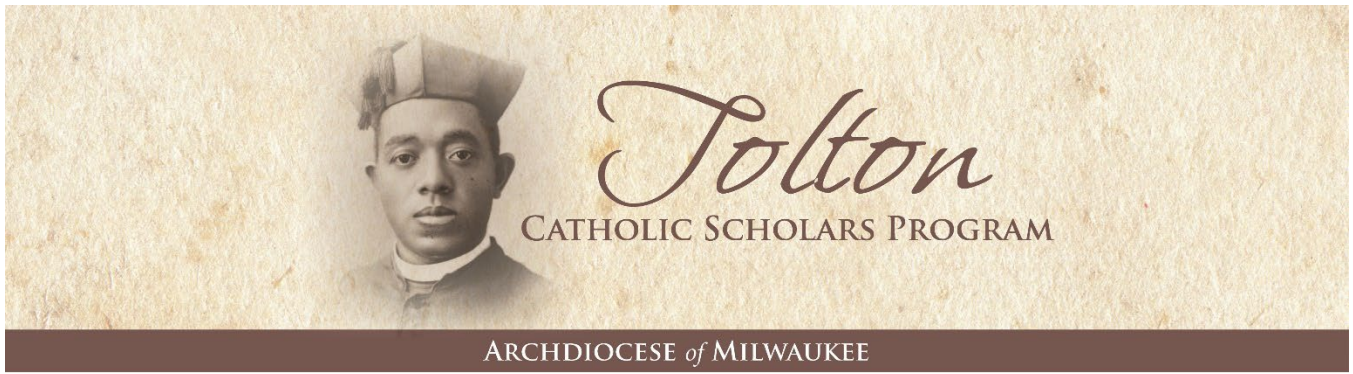


ELIGIBILITY CRITERIA

1. The Tolton Catholic Scholars Program (TCSP) is for adults 18 and older who are interested in furthering their education in a field of interest.
2. The TCSP is not typically intended for adults who have a post-secondary degree or attending schools that are outside the State of Wisconsin and distance impedes continued participation at their Parish.
3. TCSP applicants must be of the Catholic faith and a continuous and participating member of their Parish, which includes:
 - Regular attendance at Sunday Masses and Holy Days of Obligation
 - Grow spiritually by engaging in opportunities through the Parish for spiritual formation, and consistent reception of the sacraments.
 - Volunteer time with Parish activities and charitable needs.
4. Scholarships will also be considered for applicants committed to becoming Catholic, who are enrolled in Catholic Formation through a Parish.
5. Applicants must commit to attending community formation sessions for the Tolton Catholic Scholars. (*Planned at least once each semester*)
6. Applicants should use their education as a tool to enhance their career opportunities, engage in leadership programs that enhance our community, and become lay leaders in their parish.
7. Applicants should work to excel in their academic studies. Scholarship recipients must demonstrate completion of their course curriculum by providing a copy of their transcript (grades) for the semester.
8. Applicants should strive to set goals for the future.

Submit the completed application including your Parish Pastor's Endorsement Form, and a copy or PDF of your tuition statement to the Grant Administrator:

Allie Karos • (414) 769-3395 • karosa@archmil.org



NEW SCHOLARSHIP APPLICATION

DEADLINES FOR APPLICATION SUBMISSION

Fall Semester: (July 25 – September 25)

Spring Semester: (November 25 – January 25)

It is important to complete the entire application for it to be considered. A complete application should include:

- 1. A completed and signed New Scholarship Application Form.*
- 2. A completed and signed Parish Pastor Endorsement Form.*
- 3. A copy or PDF of your tuition statement that shows the balance owed for the semester.*

The completed application will then be forwarded to the Tolton Catholic Scholars Program Committee for review and consideration. You will be notified of the review outcome via e-mail and provided with an outline of the next steps. Please allow approximately 2 to 3 weeks for this process.

Submit your completed application to the Grant Administrator:

Allie Karos • (414) 769-3395 • karosa@archmil.org

APPLICANT'S INFORMATION

Name: _____
(First Middle Last)

Date of Birth: _____ Male Female

Ethnic Background: Asian Black or of African Descent Hispanic or Latino
 Native American Pacific Islander White Other _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Current Employer: _____

Position: _____

Estimated Annual Student Income: \$ _____

APPLICANT'S PARISH INFORMATION

Parish Name: _____

Pastor's Name: _____

Parish Member Since: _____

Ministries, groups, or activities at the Parish you volunteer for or are currently involved in:

List any other family members who are parishioners:

SCHOLARSHIP PURPOSE

For High School Completion or Equivalent Education

Are you working toward High School completion/GED/Other? Yes No

School Name: _____

Anticipated Graduation Date: _____
(Month & Year)

For Post-High School Education (College/University/Trade School)

School Name: _____

Field of Interest or Trade Skill: _____

Academic Year: _____ Anticipated Graduation Date: _____
(Month & Year)

Are you the first generation in your family to attend college? Yes No

REQUIRED INFORMATION FROM ALL APPLICANTS

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 PERSONAL STATEMENT**

Below, please write about your life aspirations and explain how your Catholic faith is important in your daily life.

➤ **INCLUDE THE PARISH PASTOR ENDORSEMENT FORM**

Seek your Parish Pastor’s Endorsement by scheduling a meeting with your Parish Pastor to discuss your application for the Tolton Catholic Scholars Program. Complete the first two sections of the form and ask your Parish Pastor to sign the form.

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

A copy or a PDF of your tuition statement for the upcoming semester that shows the balance owed and the due date. Scholarship awards typically are for up to \$3,000 for a semester.

➤ **AGREE TO THE SCHOLARSHIPS TERMS AND CONDITIONS**

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

- You agree to:
 - Make satisfactory academic progress in your studies.
 - Submit your grades at the end of the semester.
 - Notify us of the date you will graduate.
 - Participate in the sacraments and engage in parish life (as agreed with your Pastor).
 - Attend and participate in a community formation session for the Tolton Catholic Scholars.
 - Provide a testimonial that will be used to promote the Tolton Catholic Scholars Program to both students and donors.
- Scholarship payments are sent directly to the educational institution where you are enrolled. Payments will strictly be applied to tuition costs and in certain instances room and board.

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 the

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

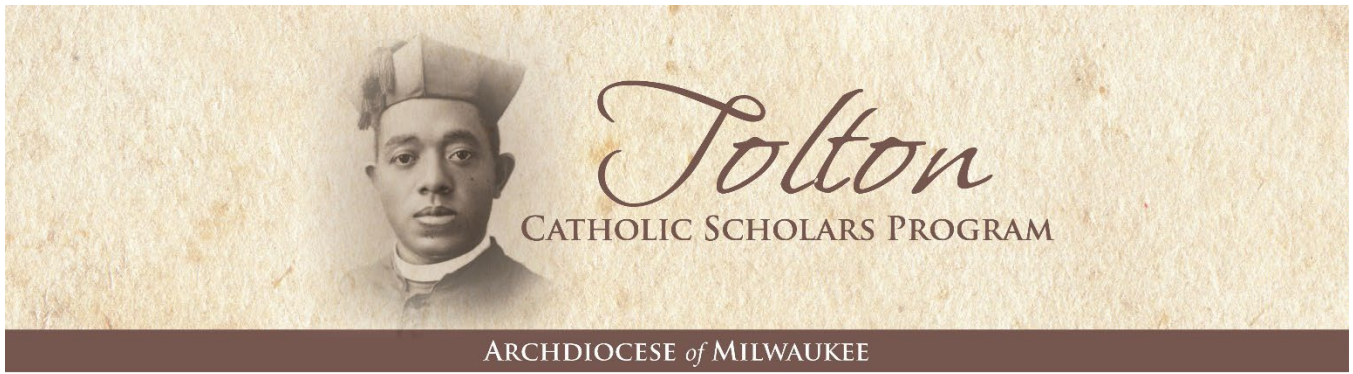
and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts.

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 (For Office Use Only)



PARISH PASTOR ENDORSEMENT FORM

Your application will not be considered without this form. All the information below is required.

APPLICANT'S INFORMATION

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	
E-MAIL	

APPLICANT'S PARISH INFORMATION

PARISH NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	

ENDORSEMENT FROM APPLICANT'S PARISH PASTOR

The above-listed applicant for the Tolton Catholic Scholars Program is a registered, active, and participating member of the parish. I am recommending them for the Tolton Catholic Scholarship.	
PASTOR'S SIGNATURE	
PASTOR'S NAME	
DATE SIGNED	