

## RENEWAL 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 Renewal 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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### APPLICANT’S PARISH INFORMATION

Parish Name: \_\_\_\_\_

Pastor’s Name: \_\_\_\_\_

# SCHOLARSHIP PURPOSE

School Name: \_\_\_\_\_

Education Completed to Date: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_  
(Month & Year)

## 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 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.

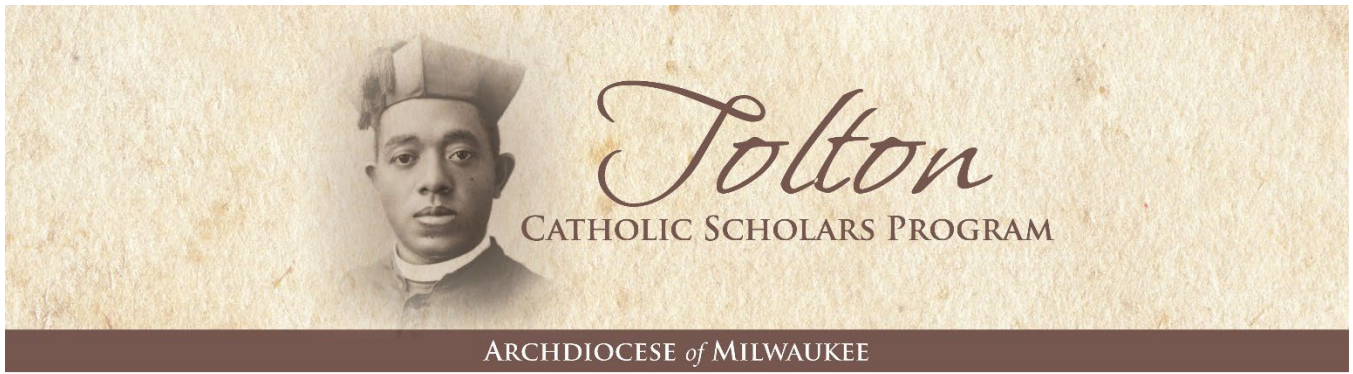
I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the Archdiocese's use of this/these photographs.

FULL NAME	DATE SIGNED
<b>SIGNATURE</b>	

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

**NOTES (For Office Use Only)**

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## PARISH PASTOR ENDORSEMENT FORM

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

### APPLICANT'S INFORMATION

<b>NAME</b>	
<b>ADDRESS</b>	
<b>CITY, STATE ZIP</b>	
<b>PHONE</b>	
<b>E-MAIL</b>	

### APPLICANT'S PARISH INFORMATION

<b>PARISH NAME</b>	
<b>ADDRESS</b>	
<b>CITY, STATE ZIP</b>	
<b>PHONE</b>	

### ENDORSEMENT FROM APPLICANT'S PARISH PASTOR

<p>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.</p>	
<b>PASTOR'S SIGNATURE</b>	
<b>PASTOR'S NAME</b>	
<b>DATE SIGNED</b>	