MAE LASSLEY CATHOLIC OSAGE SCHOLARSHIP
RENEWAL FORM

OSAGE CENSUS ROLL NO._____

STUDENT'S NAME_____AGE_____
PERMANENT ADDRESS_____PHONE_____
CITY AND STATE_____ZIP_____
EMAIL_____SSN _____
YEAR IN COLLEGE, UNIVERSITY, TRADE OR VOCATIONAL INSTITUTION _____
STUDENT CLASSIFICATION FOR PERIOD COVERED BY THIS APPLICATION SOPHOMORE_____ JUNIOR_____ SENIOR_____ MASTERS_____

NUMBER OF HOURS TO BE TAKEN_____ GRADE POINT AVERAGE_____
MAJOR FIELD OF STUDY ____BACHELOR'S IN _____ ____DOCTORATE IN _____ _____MASTER'S IN _____ _____OTHER (SPECIFY) _____

_____
FATHER OCCUPATION INCOME

_____
MOTHER

_____
SPOUSE (IF MARRIED)

_____
APPLICANT

_____

NUMBER OF YEARS RECEIVING OSAGE SCHOLARSHIP FUND MONIES_____
NUMBER OF PERSONS DEPENDENT ON THE PERSON WHO SUPPLIES THE PRIMARY FINANCIAL SOURCE FOR YOUR EDUCATION._____
MONIES RECEIVED FROM SCHOLARSHIPS, GRANTS OR FELLOWSHIPS OTHER THAN THIS GRANT. _____

CERTIFICATION

IN THE EVENT I AM GRANTED A SCHOLARSHIP, I HEREBY CERTIFY THAT:

1. _____I AM _____I AM NOT A PRACTICING CATHOLIC PRACITICING ACCORDING TO THE FIVE (5) PRECEPTS OF THE CATHOLIC CHURCH I AM IN NEED OF THIS SCHOLARSHIP TO CONTINUE MY COLLEGE WORK.
2. I AM OR WILL BE A FULL-TIME STUDENT IN GOOD STANDING FOR THE PERIOD COVERED BY THIS APPLICATION. (CONSIDERED FULL-TIME STATUS/SEMESTER IN AN ACCREDITED COLLEGE, UNIVERSITY, TRADE OR VOCATIONAL INSTITUTION)
3. I HEREBY ACKNOWLEDGE THAT THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT.
4. I UNDERSTAND THAT I MUST MAINTAIN A 2.5 UNDERGRADUATE, TRADE, OR VOCATIONAL INSTITUTIONAL GRADE POINT AVERAGE or 3.0 IN GRADUATE STUDIES (3-YEAR AVERAGE) TO CONTINUE ON SCHOLARSHIP AND THAT I MUST SUBMIT THE FALL SEMESTER GRADES BEFORE PAYMENT IS SENT FOR THE SPRING SEMESTER. SPRING MONIES WILL BE WITHHELD IF FALL SEMESTER GRADES DO NOT MEET THE MINIMUM GPA STANDARDS MENTIONED.
5. I ALSO AGREE TO NOTIFY THE DIOCESAN DIRECTOR OF THE OSAGE SCHOLARSHIP FUND, P.O. BOX 690240, TULSA, OK 74169, IMMEDIATELY IN THE EVENT OF ANY CHANGE IN MY ENROLLMENT WHICH COULD ALTER MY STATUS AS A FULL-TIME STUDENT.
6. _____I AM _____I AM NOT FINANCIALLY INDEPENDENT OF MY PARENTS.

_____
APPLICANT SIGNATURE DATE

ACCORDING TO THE PRECEPTS OF THE CATHOLIC CHURCH (*CCC* 2042), THE APPLICANT IS A PRACTICING CATHOLIC AND ATTENDS THIS CATHOLIC CHURCH.

_____
PRIEST, PASTOR, OR ASSOCIATE PASTOR NAME (Please Print) CHURCH

_____
PRIEST, PASTOR, OR ASSOCIATE PASTOR SIGNATURE PHONE NUMBER

RETURN TO: MAE LASSLEY OSAGE SCHOLARSHIP FUND
P.O. BOX 690240
TULSA, OK 74169
918-294-1904

MUST BE COMPLETED AND RETURNED BY APRIL 15, 2027.