MAE LASSLEY CATHOLIC OSAGE SCHOLARSHIP APPLICATION

DEADLINE APRIL 15 COPY OF APPLICANT'S CDIB REQUIRED

OSAGE CENSUS ROLL NUMBER_____

STUDENT'S NAME_____ AGE _____
PERMANENT ADDRESS_____ PHONE_____
CITY AND STATE_____ ZIP _____
EMAIL_____ SSN _____
MALE/FEMALE/SINGLE/MARRIED/DIVORCED/WIDOWED
STUDENT CLASSIFICATION FOR PERIOD COVERED BY THIS APPLICATION
FRESHMAN_____JUNIOR_____
SOPHOMORE_____SENIOR_____
GRADUATE_____
PROSPECTIVE COLLEGE, UNIVERSITY, TRADE OR VOCATIONAL INSTITUTION
1ST CHOICE_____2nd CHOICE_____
NUMBER OF HOURS TO BE TAKEN_____GRADE POINT AVERAGE_____
MAJOR FIELD OF STUDY_____
IF FRESHMAN--ACT_____SAT_____

	OCCUPATION	INCOME
FATHER		
MOTHER		
SPOUSE (IF MARRIED)		
APPLICANT		

COPY OF W2 FORMS REQUIRED (Parents' and Applicant's)

YEARS PREVIOUSLY RECEIVED OSAGE SCHOLARSHIP MONIES_____
NUMBER OF PERSONS DEPENDENT ON THE PERSON WHO SUPPLIES THE PRIMARY FINANCIAL SOURCE FOR YOUR EDUCATION_____
NUMBER OF PERSONS ATTENDING COLLEGE, UNIVERSITY, TRADE OR VOCATIONAL INSTITUTION DEPENDENT ON THE PRIMARY FINANCIAL SOURCE FOR YOUR EDUCATION
_____
MONIES RECEIVED FROM SCHOLARSHIPS, GRANTS OR FELLOWSHIPS OTHER THAN THIS GRANT_____
_____

NAME OF SCHOOL ATTENDED	PLACE	DATES ATTEND
		20_____to 20_____
		20_____to 20_____
		20_____to 20_____

DO YOU PLAN TO WORK DURING AID PERIOD?_____
IF YES, EMPLOYER_____
IF YES, LIST MONTHLY EARNINGS_____
WILL YOU OWN OR MAINTAIN AUTO DURING AID PERIOD?_____
IF YES, LIST MAKE AND MODEL_____
MONTHLY PAYMENT_____

_____
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.