



## Application Form

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ May we leave a message? Yes ☐ No ☐

Email Address: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

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### Race/ Ethnicity:

- ☐ White/ Caucasian ☐ Black/ African-American ☐ Hispanic (any race) ☐ Asian  
☐ Am. Indian/ Alaska Native ☐ Hawaiian/ Pacific Islander ☐ Other \_\_\_\_\_

### Marital Status:

- ☐ Single ☐ Married ☐ Widowed ☐ Separated or Divorced ☐ Cohabiting/Domestic Partner  
☐ Other, please explain \_\_\_\_\_

### Citizenship:

- ☐ United States Citizen ☐ Permanent Resident ☐ Other \_\_\_\_\_

### Language:

Primary Language \_\_\_\_\_ Other Language(s) \_\_\_\_\_  
Do you need assistance with: ☐ Speaking English ☐ Reading or Writing in English

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Are you considered a dependent on your parent's/guardian's tax records? ☐ Yes ☐ No

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### Household:

How many people, including yourself, reside in your household? \_\_\_\_\_

\_\_\_\_\_ # of adults

\_\_\_\_\_ # of children

Do you expect any changes to your household within the next 12 months? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Employment	
Employed?	<input type="checkbox"/> Yes Where?: _____ <input type="checkbox"/> No
Position:	
Hours/Week	_____ hours/week @ \$_____/hour
Benefits?	<input type="checkbox"/> Yes Explain: _____ <input type="checkbox"/> No
Any additional information (i.e. compensation from any additional work, if applicable)	

Monthly Income: Indicate how much of the following your household receives each month.	
Wages (take home after taxes): _____	Veteran's Benefits: _____
SNAP (Food Support): _____	Child Support: _____
County Assistance (MFIP/ DWP): _____	Workers Comp: _____
Supplemental Security Income (SSI): _____	Unemployment: _____
Disability (SSD): _____	Other: _____
Total: _____	

Current Post Secondary Education	
Name/Location of School	
Major or field of study	
Anticipated graduation date	
Cost of tuition per semester	
Work while attending school?	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Work Study <input type="checkbox"/> Do not work
Grants, scholarships, or financial aid	<input type="checkbox"/> None <input type="checkbox"/> Yes: List type and amount _____ _____ _____

Are living expenses covered? Please explain:

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Please list any concerns you have about attending and completing school:

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How will receiving this scholarship help you to complete your education?

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Please share what motivated you to pursue this field of study:

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### Certification

- I certify the information on this application is complete and accurate to the best of my knowledge.
- I agree to submit documentation required by Catholic Charities of Southern Minnesota and failure to comply will result in denial of the application.
- I authorize Catholic Charities of Southern Minnesota to contact any organizations or vendors listed on the application for additional information or to verify information provided.
- I understand that application submission does not guarantee acceptance.

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*Signature*

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*Date*

- ☐ **Attach proof of college enrollment** (Letter of acceptance to your program)
- ☐ **Attach proof of Pell Grant eligibility** (Award Letter or signed release for Financial Aid office)
- ☐ **Mail Application, Certification, and proofs of eligibility to address listed below:**

Catholic Charities  
201 N Broad St, Ste 100  
Mankato, MN 56001