



## Application Form

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

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

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

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

Phone Access: ☐ Regular (home phone/ cell phone) ☐ Limited Access (shelter, library, friend, etc.)

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Race/ Ethnicity:

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

### 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?** (Family members and non relatives who live together?)

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

\_\_\_\_\_ # of custodial dependent children (*# of children who rely on you for financial support*)

\_\_\_\_\_ # of noncustodial dependent children

\_\_\_\_\_ # other dependents: \_\_\_\_\_

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

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

**Your Household:** List each household member, their relationship to you, and their source of monthly income. (For Race: Black or African American, White, American Indian or Alaskan Native, Asian, Multi-Race, Other. Information on Race is used for demographic purposes).

(Name)	(Sex)	(DOB)	(Race)	(Relationship)
(Education Level)	(Monthly Income)	(Source of monthly income)		

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**Housing:**

- ☐ Own home/Condo/mobile home    ☐ Rent    ☐ Public Housing or other housing program  
☐ Staying with friends/ family    ☐ Homeless (shelter, camping, living in car)  
☐ Other, please explain \_\_\_\_\_

**Living Conditions:** Are your living conditions safe? ☐ Yes    ☐ No

If No, please explain: \_\_\_\_\_

**Marital Status:**

- ☐ Single    ☐ Married    ☐ Widowed    ☐ Separated or Divorced    ☐ Cohabiting/Domestic Partner  
☐ Other, 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)	_____

<b>Monthly Income:</b> Indicate how much of the following you receive 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: _____
<b>Total:</b> _____	

**Does anyone in your household receive any type of assistance not listed above? If yes, please list the type of assistance and monthly amount received.**

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**On a normal basis, are you able to meet monthly household expenses?** ☐ Yes ☐ No  
**If no, what is your largest barrier to meeting monthly household expenses?**

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**Transportation:**

- ☐ Own a car   
 ☐ Share a vehicle   
 ☐ Renting/Leasing car   
 ☐ Public Transportation  
☐ Other, please explain: \_\_\_\_\_

**Military:**

Have you served active duty in the U.S Military? ☐ Yes ☐ No  
 Additional information: \_\_\_\_\_

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**Legal:**

Do you have a prior criminal record (Misdemeanor/ Felony/ Arrest with conviction/etc.)?  
☐ Yes ☐ No

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

Are you on Parole or Probation? ☐ Yes ☐ No

If yes, when do you expect your probation to end? \_\_\_\_\_  
 (Month/Year)

**Your Education:**

Secondary/High School	
Highest Grade Completed	_____
Name/Location of High School	_____
Dates Attended	_____
Additional Information	_____

Previous Post Secondary Education	
Highest Level Completed	
Name/Location of School	
Dates Attended	
Additional Information	

Current Post Secondary Education	
Name/Location of School	
Major or field of study	
Anticipated graduation date	
Cost of tuition	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No: List Expense and amount _____ _____

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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## Onward and Upward 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 enrollment at RCTC**
  - 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  
903 W Center St Suite 220  
Rochester, MN 55902**