



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: _____

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

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

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:

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

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

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

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.

Signature

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**