

CERTIFICATION

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

1. ____ I AM ____ I AM NOT A PRACTICING CATHOLIC PRACTICING ACCORDING TO THE FIVE (5) PRECEPTS OF THE CATHOLIC CHURCH.
2. I AM IN NEED OF THIS SCHOLARSHIP TO CONTINUE MY COLLEGE WORK.
3. I AM OR WILL BE A FULL-TIME STUDENT IN GOOD STANDING FOR THE PERIOD COVERED BY THIS APPLICATION. (12 OR MORE SEMESTER HOURS FOR UNDERGRADUATE STUDENTS, 6 HOURS FOR GRADUATE SCHOOL)
4. I HEREBY ACKNOWLEDGE THAT THE INFORMATION INCLUDED IN THE APPLICATION IS TRUE AND CORRECT.
5. **I UNDERSTAND THAT I MUST MAINTAIN A 2.5 UNDERGRADUATE 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.**
6. 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.
7. ____ I AM ____ I AM NOT FINANCIALLY INDEPENDENT OF MY PARENTS.

SIGNED (APPLICANT)

DATE

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

MUST BE COMPLETED AND RETURNED BY APRIL 15, 2024.