

MAE LASSLEY CATHOLIC OSAGE SCHOLARSHIP  
RENEWAL FORM

OSAGE CENSUS ROLL NO. \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ SSN \_\_\_\_\_

YEAR IN COLLEGE \_\_\_\_\_

STUDENT CLASSIFICATION FOR PERIOD SOPHOMORE \_\_\_\_\_ SENIOR \_\_\_\_\_

COVERED BY THIS APPLICATION JUNIOR \_\_\_\_\_ MASTERS \_\_\_\_\_

NUMBER OF HOURS TO BE TAKEN \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

MAJOR FIELD OF STUDY \_\_\_\_\_ BACHELOR'S IN \_\_\_\_\_ MASTER'S IN \_\_\_\_\_

\_\_\_\_\_ DOCTORATE IN \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

FATHER OCCUPATION INCOME

MOTHER

SPOUSE (IF MARRIED)

APPLICANT

NUMBER OF YEARS RECEIVING OSAGE SCHOLARSHIP FUND MONIES \_\_\_\_\_

NUMBER OF PERSONS DEPENDENT ON THE PERSON WHO SUPPLIES

THE PRIMARY FINANCIAL SOURCE FOR YOUR EDUCATION. \_\_\_\_\_

MONIES RECEIVED FROM SCHOLARSHIPS, GRANTS OR FELLOWSHIPS OTHER THAN  
THIS GRANT. \_\_\_\_\_

**CERTIFICATION**

**IN THE EVENT 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 I AM IN NEED OF THIS SCHOLARSHIP TO CONTINUE MY COLLEGE WORK.
2. 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 STUDENT, 6 HOURS FOR GRADUATE SCHOOL)
3. I HEREBY ACKNOWLEDGE THAT THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT.
4. 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.
5. 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.
6. \_\_\_\_\_ I AM \_\_\_\_\_ I AM NOT FINANCIALLY INDEPENDENT OF MY PARENTS.

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, 2024.**