

MAE LASSLEY CATHOLIC OSAGE SCHOLARSHIP APPLICATION

DEADLINE APRIL 15 COPY OF APPLICANT'S CDIB REQUIRED

OSAGE CENSUS ROLL NUMBER _____

STUDENT'S NAME _____ AGE _____

PERMANENT ADDRESS _____ PHONE _____

CITY AND STATE _____ ZIP _____

EMAIL _____ SSN _____

MALE/FEMALE/SINGLE/MARRIED/DIVORCED/WIDOWED

STUDENT CLASSIFICATION FOR PERIOD FRESHMAN _____ JUNIOR _____

COVERED BY THIS APPLICATION SOPHOMORE _____ SENIOR _____

GRADUATE _____

PROSPECTIVE UNIVERSITY

1ST CHOICE _____ 2ND CHOICE _____

NUMBER OF HOURS TO BE TAKEN _____ GRADE POINT AVERAGE _____

MAJOR FIELD OF STUDY _____

IF FRESHMAN--ACT _____ SAT _____

OCCUPATION INCOME

FATHER

MOTHER

SPOUSE (IF MARRIED)

APPLICANT

COPY OF W2 FORMS REQUIRED (Parents' and Applicant's)

YEARS PREVIOUSLY RECEIVED OSAGE SCHOLARSHIP MONIES _____

NUMBER OF PERSONS DEPENDENT ON THE PERSON WHO SUPPLIES

THE PRIMARY FINANCIAL SOURCE FOR YOUR EDUCATION _____

NUMBER OF PERSONS ATTENDING COLLEGE DEPENDENT ON THE PRIMARY FINANCIAL
SOURCE FOR YOUR EDUCATION _____

MONIES RECEIVED FROM SCHOLARSHIPS, GRANTS OR FELLOWSHIPS OTHER THAN THIS
GRANT _____

NAME OF SCHOOL ATTENDED PLACE DATES ATTEND

_____ 20 _____ to 20 _____

_____ 20 _____ to 20 _____

_____ 20 _____ to 20 _____

DO YOU PLAN TO WORK DURING AID PERIOD? _____

IF YES, EMPLOYER _____

IF YES, LIST MONTHLY EARNINGS _____

WILL YOU OWN OR MAINTAIN AUTO DURING AID PERIOD? _____

IF YES, LIST MAKE AND MODEL _____

MONTHLY PAYMENT _____

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, 2022.