## 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				
EMAIL			SSN	
MALE/FEMALE/SINGLE/MARRIED/DIVO	RCED/WIDG	OWED		
STUDENT CLASSIFICATION FOR PERIOD	)	FRESHMAN	JUN	IIOR
COVERED BY THIS APPLICATION		SOPHOMORE	SEN	NIOR
			GRADU	
PROSPECTIVE UNIVERSITY				
1 <sup>ST</sup> CHOICE	2 <sup>nd</sup> CH			
		GRADE POINT AVERAGE		
MAJOR FIELD OF STUDY				
IF FRESHMANACTSAT				
	<u>OCCUPA</u>	TION	<u>INCOME</u>	
FATHER				
MOTHER				
SPOUSE (IF MARRIED)				
APPLICANT				
COPY OF W2 FORMS REQUIRED (Paren	tal and Ann	liaantia)		
COFT OF W2 FORMS REQUIRED (Faren	its and App	<u>incant sj</u>		
YEARS PREVIOUSLY RECEIVED OSAGE	SCHOLADS	THID MONIES		
NUMBER OF PERSONS DEPENDENT ON T				
THE PRIMARY FINANCIAL SOURCE FOR			5	
NUMBER OF PERSONS ATTENDING COI			F PRIMARY	FINANCIAI
SOURCE FOR YOUR EDUCATION	LEGE DEI			1 II WINCH L
MONIES RECEIVED FROM SCHOLARSHI	PS GRANT	S OR FELLOWSH	IPS OTHER	ΤΗΔΝ ΤΗΙς
GRANT	15, 010111	5 OK I LLLO W 511	II 5 O IIILK	
NAME OF SCHOOL ATTENDED	PLACE		DAT	TES ATTEND
			20	to 20
			20	to 20
			20	to 20
DO YOU PLAN TO WORK DURING AID PL	ERIOD?			
IF YES, LIST MONTHLY EARNINGS				
WILL YOU OWN OR MAINTAIN AUTO DU				
IF YES, LIST MAKE AND MODEL				
MONTHLY PAYMENT				
APPLICANT SIGNATURE		DATE		
ACCORDING TO THE PRECEPTS OF THE	CATUOLIC			
IS A PRACTICING CATHOLIC AND ATTE				PPLICANT
				PPLICANT
				PPLICANT
PRIEST, PASTOR, OR ASSOCIATE PASTOR NA	NDS THIS C	CATHOLIC CHUR		PPLICANT
PRIEST, PASTOR, OR ASSOCIATE PASTOR NA	NDS THIS C	CATHOLIC CHUR		PPLICANT
PRIEST, PASTOR, OR ASSOCIATE PASTOR NA	NDS THIS C AME (Please Prin	CATHOLIC CHUR t) CHURCH	CH.	PPLICANT

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.