

**DIOCESAN SCHOLARSHIP
PROGRAM FOR
RELIGIOUS EDUCATORS**

Office for Religious Education and Catechesis



**Catholic Diocese
of Columbus**

**A PROGRAM OF
THE BISHOP ELWELL FUND
FOR
CATHOLIC EDUCATORS**

Application Form

APPLICATION FOR MATCHING FUNDS

Last _____	First _____	SS# _____
Address _____		
City _____	State _____	Zip _____
Phone (H) _____	Phone (W) _____	
email address _____		
Parish/School in which you serve as a religious educator _____		
Position _____	Volunteer _____	Part Time _____
	Salaried _____	Full Time _____

College/University _____ Degree Program _____

Expected Graduation Date _____

Course Title _____ Cr. Hours _____ Completion Date _____

Total Tuition Cost \$ _____ Total amount of diocesan grant being requested: \$ _____ (1/2 total cost of tuition)

Due date for tuition: _____ / _____ / _____

Make check payable to:

Office _____

University/Street _____

City _____ State _____ Zip _____

Past Grants Awarded:

Quarter/Semester	Year	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do you expect to request future grants? Yes _____ No _____

Previous academic work in *theology, religious studies and religious education:*
(List most recent degree/or course first and attach an official transcript.)

College/University	Dates	Degree/or Courses
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Career Goals:

Resume of experience as a religious educator:

Position	Parish/School	Dates

Explanation of how this course will benefit your work as a religious educator:

I understand that I should forward, or have the university forward, a transcript of my completed work within one month of the end of the course.

In consideration of the funds received, I agree that I will give one semester of service to the Diocese of Columbus for each course for which scholarship funds are received. I agree to repay the amount of the diocesan award to the Diocesan Scholarship Program and the amount of the grant to _____ if I am unable to meet this commitment. (School/Parish)

I agree that if I do not successfully complete this course I will repay the amount of the diocesan award to the Diocesan Scholarship Program and the amount of the grant to _____ within three months of the last class. (School/Parish)

Date

Applicant's Signature

DUE DATES FOR SUBMITTING APPLICATIONS SEMESTER OR QUARTER
FALL-JULY 1 WINTER-NOVEMBER 1 SPRING-FEBRUARY1 SUMMER-APRIL 1

**RECOMMENDATION OF PRINCIPAL OF SCHOOL OR PASTOR OF PARISH
IN WHICH APPLICANT SERVES AS A RELIGIOUS EDUCATOR**

Name of applicant

AGREEMENT TO MATCH DIOCESAN SCHOLARSHIP GRANT

I agree, in the name of _____, to match the diocesan scholarship grant of \$_____ applied for in this application.

_____ Date _____ Signature of Principal or Pastor

**Mail application to: The Diocesan Scholarship Program for Religious Educators
%Office for Religious Education and Catechesis
197 East Gay Street
Columbus, OH 43215**

OFFICE USE ONLY

Date application received _____

Grant awarded in amount of \$_____ No grant awarded _____ Date _____

Money sent to the college/university _____ Date _____

Transcript of completed course work received _____ Date _____