

AMERICAN NATIONAL CATHOLIC THEOLOGICAL INSTITUTE

Scholarship Application
For Financial Assistance

Please PRINT All Information

Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____

Date of Birth _____

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widowed ___

Name and ages of spouse and children as applicable _____

Date Joined ANCC _____ Home Parish _____

If currently unemployed, list date and reason _____

Current or most recent Employer _____

Employer contact person and phone number _____

Current or most recent Employer _____

Employer contact person and phone number _____

List financial assistance and amount you are receiving from a government agency,
such as unemployment insurance, social security, workers' compensation, or
disability _____

Amount of financial assistance requested \$ _____

Briefly explain the reason for your request _____

Are you willing to confidentially speak with a staff member from the Office of the Presiding Bishop to discuss your need and request? Yes ___ No ___

Are you in need of a financial budget counselor? Yes ___ No ___

Other comments pertinent to your request _____

My signature below indicates my permission to have the appropriate personnel validate any of the above information. I attest that the information I have provided is true and accurate to the best of my knowledge and that I am not neglecting to provide information that may affect my request for assistance.

Print your name _____ Date _____

Your Signature _____

Please return this completed form to Fr. Joseph A. Harmon, ANCTI Rector, at

jharmon@anccmail.org

For Office Use Only

Date Received _____

Action Taken: Approved ___ Denied ___ Other _____ Date of Action _____

Amount: \$ _____ Comments _____

Date Seminarian Notified of Action _____