



## TOLTON CATHOLIC SCHOLARS PROGRAM OF THE ARCHDIOCESE OF MILWAUKEE

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### NEW SCHOLARSHIP APPLICATION

#### *Eligibility Criteria*

1. The Tolton Catholic Scholars Program (TCSP) is for adults who are interested in furthering their education in a field of interest.
2. The TCSP is not typically intended for adults who have a post-secondary degree.
3. TCSP applicants must be of the Catholic faith and a continuous and participating member of their Parish. Scholarships will also be considered for applicants committed to becoming Catholic, who are enrolled in Catholic Formation through a Parish.
4. Applicants should be regular participants at Sunday Mass and Holy Days of Obligation.
5. Applicants should be willing to grow spiritually as demonstrated by engaging in opportunities through the Parish for spiritual formation, and consistent reception of the sacraments.
6. Applicants should be willing to volunteer their time with Parish activities and charitable needs as requested.
7. Applicants should commit to attending Community Formation sessions for the Tolton Scholars (planned at once each semester).
8. Applicants should use their education as a tool to enhance their career opportunities, engage in leadership programs that enhance our community, and become lay leaders in their parish.
9. Applicants should work to excel in their academic studies. Scholarship recipients will be required to demonstrate completion of their course curriculum by providing a copy of their transcript (grades) for the semester.
10. Applicants should strive to set goals for the future.

Return the completed application along with a copy or PDF of your tuition statement to the Grant Administrator: **Allie Karos** | (414) 769-3395 | [karosa@archmil.org](mailto:karosa@archmil.org)

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## NEW SCHOLARSHIP APPLICATION

*This application must be complete for consideration. Once your completed application has been received, it will be forwarded to your Parish Pastor for endorsement. It will then be given to the Tolton Catholic Scholars Committee for review and consideration.*

*You will be informed of the outcome of that review via e-mail and outline the next steps. Please allow approximately 2-3 weeks for this process.*

*Return this completed application along with a copy or PDF of your tuition statement to the Grant Administrator: **Allie Karos** | (414) 769-3395 | [karosa@archmil.org](mailto:karosa@archmil.org)*

### YOUR INFORMATION

Name: \_\_\_\_\_  
(First Middle Last)

Date of Birth: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

### YOUR PARISH INFORMATION

Name of Parish: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Parish Member Since: \_\_\_\_\_

List any Other Family Parishioners: \_\_\_\_\_

List any Parish Activities You are Involved In:

\_\_\_\_\_  
\_\_\_\_\_

# TOLTON CATHOLIC SCHOLARS SCHOLARSHIP PURPOSE

## *For Post-High School Education*

Name of School: \_\_\_\_\_

Field of Interest: \_\_\_\_\_

Year of Study: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Are you Currently Enrolled?  Yes  No

*If not currently enrolled, have you applied for admission?*  Yes  No

*If you have applied for admission, have you been accepted?*  Yes  No

## *For High School Completion or Equivalent Education*

Are you working toward High School Completion/GED/Other?  Yes  No

Name of School: \_\_\_\_\_

Are you Currently Enrolled?  Yes  No

*If not currently enrolled, have you applied for admission?*  Yes  No

*If you have applied for admission, have you been accepted?*  Yes  No

## REQUIRED INFORMATION FOR ALL APPLICANTS

### *School Office of Admissions Contact Information*

Admissions Officer Name (if applicable): \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tuition Cost: \$ \_\_\_\_\_

### *In addition please provide the following information:*

#### ➤ **INCLUDE A COPY OR PDF OF YOUR TUITION STATEMENT**

A copy or a PDF of your tuition statement for the upcoming semester, or provide an estimate based on the school's tuition schedule, such as \$xxx for a full-time semester enrollment or \$xxx per credit multiplied by the number of credits you are enrolled in. Scholarship awards typically are for up to \$2,500 for a semester.

➤ **INCLUDE A PERSONAL STATEMENT**

Below, please write about your life aspirations and explain how your Catholic faith is important in your daily life.

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This scholarship program is intended to promote your growth spiritually and personally.

➤ **SCHOLARSHIPS TERMS AND CONDITIONS**

- You agree to make satisfactory academic progress in your studies.
- You agree to participate in the sacraments and engage in parish life (as agreed with your Pastor).
- You agree to participate in a community formation session for the “Tolton Catholic Scholars.”
- Scholarship payments are sent directly to the educational institution where you are enrolled.

By acknowledging this you agree to the above terms and conditions.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



### GENERAL CONSENT FORM FOR PHOTO, VIDEO, AND AUDIO USE

I, **(Full Name):** \_\_\_\_\_ ,

hereby consent that any still or electronic image and/or audio recording, in which I may appear, may be used by

**Archdiocese of Milwaukee/Ministry:** Office for Catholic Social Responsibility

and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for the promotion of

**Parish/Promotional Event/Function:** Tolton Catholic Scholars Program

and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts.

I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the Archdiocese's use of this/these photographs.

**FULL NAME:**

**DATE SIGNED:**

**SIGNATURE:**

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

**NOTES:**