

DUBOSE SCHOLARSHIP APPLICATION

Name _____ Have you received a DuBose grant before? _____

Seminary _____ Seminary Address _____

Name of Financial Aid Officer _____ Graduation Date _____ Jr/Mid/Sr _____

Date of Birth ___/___/___ Marital Status (circle one): Married Single Divorced Ages of children (if any) _____

Diocese _____ Name of Bishop _____

Signature of Applicant _____ Signature of Financial Aid Officer _____

I CERTIFY THAT THE APPLICANT IS A POSTULANT/CANDIDATE IN GOOD STANDING.

Signature of Bishop

ESTIMATED BUDGET FOR AUGUST ____ TO JULY ____

INCOME: ALL SOURCES	AMOUNT	EXPENSES	AMOUNT
Salary/Self		Rent	
Salary/Spouse		Food	
Parish Contribution		Utilities	
Diocesan Contribution		Clothing	
Other Contribution		Telephone	
Interest		Medical/Dental	
Dividends		Insurance	
Scholarship/Seminary		Donations	
Scholarship/Other		Auto/Payments/Upkeep	
Gifts		Taxes (except sales tax)	
Family Income		Seminary Tuition	
Other Income (Itemize)		Books/Supplies	
		Recreation	
		Other Expenses (Itemize)	
TOTAL		TOTAL	

ASSETS AND DEBTS

ASSETS: EXCLUDE IRA	VALUE	DEBT	AMOUNT
Real Estate		Mortgage	
Savings		Student Loans	