

# *Application for Pastoral Formation Fund Scholarship*

**PASTORAL FORMATION FUND  
DIOCESE OF LA CROSSE**

**3710 East Avenue South  
La Crosse, WI. 54602-4004**

NAME \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
(City) (State) (Zip)

Phone: Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parish (or Institution) \_\_\_\_\_

For Office Use Only Date _____ Received _____
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Pastor (or other Supervisor) \_\_\_\_\_

## **INDICATE BELOW THE PROGRAM FOR WHICH YOU ARE REQUESTING A SCHOLARSHIP**

Institution/Address \_\_\_\_\_

Program of Study \_\_\_\_\_

Length of Program \_\_\_\_\_ At what point are you in the Program? \_\_\_\_\_

Outcome of Program (check one): BA \_\_\_\_; MA \_\_\_\_; Certificate \_\_\_\_; Other (describe) \_\_\_\_\_.

## **PLEASE RESPOND TO THE FOLLOWING QUESTIONS**

1. Please describe your current service to the Church and the number of years involved (continue on back, if necessary).

2. How will your study assist you in your service to the Church in the Diocese of La Crosse?

3. Amount of Scholarship Assistance requested: \$\_\_\_\_\_

4. Are there any special circumstances pertinent to your financial need? Please explain your financial need, total cost of program, etc. (continue on back, if necessary).

5. Are you seeking, or have you received, assistance from other sources of aid for this award period? \_\_\_\_\_

If so, please list source(s) \_\_\_\_\_ and amount \_\_\_\_\_.

### **DOCUMENTS NEEDED**

1. As indicated in the Pastoral Formation Fund regulations, awards are disbursed as matching funds. For every two dollars sought from the Pastoral Formation Fund (up to a maximum of \$700 for the fiscal year), you must receive one dollar in assistance from the parish or institution to which you are giving service. A letter from your pastor or employer, indicating the dollar amount the parish or other Catholic institution is committed to contribute during the award period, must accompany your scholarship application.

2. In addition, please attach a billing statement for the program or course of study for which you are seeking scholarship assistance. If you do not yet have a billing statement, a signed registration form itemizing tuition cost (excluding books, lodging, etc.) will suffice. The form must also indicate the date(s) or semester for which aid is sought. Again, a maximum of \$700 in diocesan scholarship assistance may be given for any one fiscal year (July 1 - June 30). The fiscal year to which a program or semester belongs is determined by its start date. For example, if a summer session begins prior to June 30, it belongs to that fiscal year, even if it extends into the following fiscal year. The due dates for applications to the Pastoral Formation Fund are April 1, August 1, and December 1. A new application must be submitted for each period in which aid is desired.

Please return the completed application and accompanying documents to: Office of Ministries and Social Concerns  
PO Box 4004  
La Crosse, WI. 54602-4004  
(608) 791-2664  
e-mail: cruff@dioceseoflacrosse.com

#### Application Due Dates

August 1, December 1, or April 1

Signature \_\_\_\_\_ Date \_\_\_\_\_