

Scholarship for Pastoral Leadership in the Diocese of Crookston

Scholarship Renewal Form

The purpose of this scholarship is to provide tuition assistance for lay persons and permanent deacons in the Diocese of Crookston pursuing certification and/or a degree in some area of church ministry; or pursuing continuing education; or enrolled in a short-term leadership formation program.

To be eligible for renewing a tuition scholarship, you need to. . .

- . submit copies of grade slip/transcript from past classes funded through Pastoral Leadership Fund.
- . submit a short essay describing your educational experience of the last scholarship period.
- . return complete package with Scholarship Renewal Form to Review Panel.

Please type or print clearly

Date of Application _____

1. Name _____
(Last) (First) (Middle)

2. Address _____
(Street) (City) (State) (Zip)

3. Phone Number (_____) _____ Work Phone Number (_____) _____ E-Mail _____

4. Parish of Residence _____

5. Presently employed at: _____

Position/Title _____ Length of time in this position _____

6. Name of Program in which you are enrolled/registered _____

7. Institution _____ City _____ State _____

8. Courses taken with scholarship assistance	Year	Grade and credits earned*	Tuition
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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* Attach grade slip or transcript

Over please ➤

9. Total Tuition Scholarship received in the past from Pastoral Leadership Scholarship Fund \$ _____

Previous Year \$ _____

Total amount \$ _____

List other scholarships received and amount of each

10. Course(s) to be taken in current scholarship year	Year	# of Credits	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Estimated total tuition _____

12. Other financial assistance you will receive: Amount \$ _____ Source _____

13. Amount of scholarship requested from Pastoral Leadership Scholarship Fund \$ _____

Return this form with essay and grade slip to:

Pastoral Leadership Review Panel
Office of the Word
P.O. Box 610
Crookston, MN 56716

For office use:

Date received _____
Date reviewed _____
Amount awarded \$ _____