

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

OFFICE TO AID THE CATHOLIC CHURCH IN CENTRAL AND EASTERN EUROPE

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SCHOLARSHIP GRANT APPLICATION FORM

<i>For office use only:</i> Received on	<i>For office use only:</i> Project number
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1. Student's contact information during the academic year

Name	
Street Address	Postal code
City	Country
Telephone	Fax
E-mail Address	

2. Jurisdiction

Diocese	Country
Bishop	

3. Course of Studies

Degree pursued
Area of studies
Academic institution (including address)
When did you begin or when will you begin your studies for this degree?
Anticipated date of completion of the degree

4. What is the amount of the scholarship you are requesting for one year (US dollars)? \$ _____

5. What is the amount that you will raise locally (US dollars)? \$ _____

If this scholarship is granted, how should we transfer the funds?

Bank information:

Name of the person holding the account
International Bank Account Number (IBAN)
Name and address of the bank
SWIFT code of the bank

PLEASE NOTE!

**The Bishops' Committee reviews scholarship applications each year.
You must submit a new request for each year of studies by the end of April.**

To which other organizations have you applied for financial support?
Include a budget of your expenses for the coming academic year. Use an additional page if necessary.

REQUEST SUBMITTED BY: [ALL THREE SIGNATURES REQUIRED]		
APPLICANT	_____	_____
	(Signature)	(Date)
ORDINARY	_____	_____
	(Signature)	(Date)
EPISCOPAL CONFERENCE	_____	_____
	(Signature)	(Date)

The completed application must reach Washington by the end of April.