

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

First name	Last name		
Street Address		Postal code	
City	Country		
Telephone	Fax		
E-mail Address (REQUIRED)			

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 Bank
Address of Bank
SWIFT Code of Bank
Account Number (IBAN)
Account Holder
Holder's Address

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. Enclose a letter of recommendation from the Faculty Dean and/or Dissertation Director.

By signing below, I agree that the data I provided to complete this grant application form may be used and stored for USCCB's inventory records, to complete this application process, and, if the scholarship is granted, to complete the grant process, and to evaluate interest in USCCB's web pages. Please see [USCCB Privacy Policy](#) for more details.

REQUEST SUBMITTED BY: [BOTH SIGNATURES REQUIRED]
APPLICANT*

(Signature) _____ (Date)
*By signing this scholarship request I certify that it is my intent to return to the Diocese upon successful completion of my studies and work for the benefit of the local Church for a certain period of time as agreed with the Bishop of my Diocese
ORDINARY**

(Signature) _____ (Date)
**By endorsing this scholarship request I certify that an appropriate position within the Diocese will be made available to this student after successful completion of her/his studies