

**Dennis R. and Nina B. Jones Memorial Scholarship Fund
2024 Application**

Scholarship Guidelines:

- o All interested students should complete the application and return it with **verification of enrollment for upcoming school year**
- o Only complete applications will be considered
- o Scholarships are only for the education of Roman Catholic priests, nuns, and/or brothers, whether of the Roman Rite or any other Rite of the Roman Catholic Church, in the United States of America
- o Scholarships are only for college, university or post-graduate education
- o Scholarships are limited for the education of Roman Catholic priests, nuns, and/or brothers
- o Scholarships are for education in the United States of America
- o Scholarships are only for tuition and/or the cost of books

Personal Information:

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Day Telephone _____ Evening Telephone _____

Cell Phone _____ Fax _____

Are you currently a legal resident of the United States? Yes No

Are you a vowed religious, in good standing with your religious order or congregation? Yes No

If yes, which Order/Congregation (and province, if applicable)? _____

Where are your provincial headquarters located? _____

When were you professed? _____

Are you a diocesan priest in good standing? Yes No

If yes, in which diocese are you incardinated? _____

When were you ordained? _____

Indicate current assignment _____

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Educational Background:

Please indicate where you received your Undergraduate degree.

Institution/ Location	Year(s) Attended	Degree	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Study Plans:

Describe your planned area of study:

What

Where

When

Beginning Date _____

Completion Date _____

Full Time _____

Part Time _____

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What are your estimated costs of your proposed course of study for this academic year?

Tuition _____ Room/Board _____ Books _____ Other _____

Describe how your participation in this proposed course of study might enhance the service rendered by your Order/Congregation/Diocese:

References:

Please provide three (3) references:

Name _____

Address _____

City _____ State _____ Zip Code _____

Day Telephone _____ Evening Telephone _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Day Telephone _____ Evening Telephone _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Day Telephone _____ Evening Telephone _____

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Certification: All the information in this application is true and complete to the best of my knowledge.

Signature: _____ Date _____