

MEXICAN AMERICAN CATHOLIC COLLEGE

registrar@maccsa.org

Scholarship & Tuition Assistance Application

210-731-3102

Instructions: Respond to all questions, leaving nothing blank. Do not submit this application until all the required documents are attached. **The full application packet should be submitted to the Office of Degree Based Programs.**

A. APPLICANT

_____		_____		_____		_____	
<i>Title</i>	<i>Last, First MI</i>	<i>Suffix</i>	<input type="checkbox"/> Seminarian @ <input type="checkbox"/>	<input type="checkbox"/> New Student - OR -	<input type="checkbox"/> ID#	<input type="checkbox"/>	<input type="checkbox"/>
_____		_____		_____		_____	
<i>SSN</i>	<i>Religious affiliation & (arch)diocese</i>	<i>Country of birth</i>		<i>Date of birth</i>			
<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	
<input type="checkbox"/> divorced	<input type="checkbox"/> widowed	<input type="checkbox"/> female	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> 2+		
<i>Marital status</i>		<i>gender</i>	<i>ethnicity</i>				

B. CONTACT

_____			_____		
<i>Physical address</i>			<i>Email</i>		
_____			_____		
<i>Mailing address (if different)</i>			<i>phone</i>		
_____			_____		
<i>city</i>	<i>state</i>	<i>zip</i>	<i>Other:</i>		

C. REQUEST FOR MERIT BASED AID

Respond to each question in the space provided or check the 'attached' box and attach an essay response.

Describe your current ministry. Include the parish and diocese you serve, your Bishop or Pastor, and your immediate supervisor's name. Specify the length of your employment and/or volunteer hours.

attached

If you work for a non-profit organization whose mission statement is consistent with MACC's mission, include details about the nature of your work/volunteer efforts, the organization, and your supervisor.

attached

What is your reason for choosing this program/course, and how will you incorporate your knowledge in the future?

attached

What is the anticipated cost of your program, how much aid are you requesting, and how much can you afford to pay?

attached

Are you able to obtain additional aid/support from your parish, another organization (i.e., VA), or sponsor? Explain.

attached

D. REQUEST FOR NEED BASED AID

Respond to each question in the space provided or check the 'attached' box and attach an essay response.

You MUST apply for aid available through at least two organizations, as noted below, and attached evidence of each application.

attached (REQUIRED)

Describe your household. Who is the primary wage earner, does anyone else contribute to the household expenses, and how many dependents are there? Include names, ages, employment status, and academic level/status.

attached

Describe the basis of your household income and the annual amount. Include W2s, tax return(s), and/or any evidence supporting your statement.

attached (REQUIRED)

If your household expenses inhibit your ability to pay for your educational expenses, describe the nature of the expenses and include evidence of the expense(s).

attached (REQUIRED if applicable expenses are defined)

If your household receives aid based on your income, describe the nature of the aid and include the supporting documents.

attached (REQUIRED if applicable expenses are defined)

E. ATTESTATION

Include your initials, signature and date in the spaces provided.

_____ I HAVE COMPLETED THIS APPLICATION AND SUBMITTED THE SUPPORTING DOCUMENTS WITH VERACITY.

_____ I AM 100% RESPONSIBLE FOR THE EDUCATION EXPENSES IF I PROVIDE FALSE AND/OR MISLEADING INFORMATION FOR MY FINANCIAL BENEFIT.

_____ IF I RECEIVE AID, I WILL WRITE A PERSONAL THANK YOU LETTER TO THE GRANTOR BEFORE MID-TERM OF THE FIRST AWARD DISBURSEMENT.

signature

date