

Diocesan Form 2021-2022

This form must be completed for any applicant whose course of study at the School of Theology has been approved by his/her Bishop and/or Diocese. Please complete the form in its entirety so we know where you will send funds, how often, and whether or not you need to be billed. It helps us to control labor costs if you send one payment each semester rather than monthly payments; however, if there is significant advantage for you or the seminarian, we are happy to process monthly payments. Applicant's **Full** Name:____ Address:___ City, State Zip:_____ Name of Diocese Providing Support: This applicant is a: _____Postulant Candidate _____Neither, but has our support to embark on a course of study at the School of Theology Total **annual amount** of diocesan support for the 2021-2022 academic year \$ Please check to whom the funds will be sent, then check a square box to indicate for how often. directly to the student ☐ in two payments (Aug 2021 and Jan 2022 at the beginning of each semester); or in one payment (in August 2021 for the entire academic year) ☐ in twelve monthly payments (see note in red above) □ other (specify) OR to the Seminary Office of Financial Aid to be credited to the student's account ☐ in two payments (Aug 2021 and Jan 2022 at the beginning of each semester) ☐ in one payment (in August 2021 for the entire academic year) ☐ in twelve monthly payments (see note in red above) □ other (specify)___ If you would like to be billed by the University of the South to initiate payment of your support, please provide your billing contact and address (please print clearly or type), and check your billing preference. **once** (in August for the full annual amount you listed above) or **_twice** (in August and January, at the beginning of each semester for ½ the annual amount) _other (specify)_ Complete only Name of Contact for Billing (**Please print clearly or type.**) if you have asked to be Street address for Billing Contact (**Please print clearly or type.**) billed above City, State, Zip

applicant of which we have knowledge.

Date

Signature

PLEASE COMPLETE AND RETURN TO:

Title

We agree to furnish the Office of Financial Aid at the University of the South with information on all funds given or loaned to this