

This form must be completed for any applicant who has received the approval of his/her Parish or Mission to study for Holy Orders. 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 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: _____

Home Parish: _____
Parish Name City State

Total **annual amount** of parish/mission support for the 2021-2022 academic year \$ _____

Please check to whom the funds will be sent, then check a square box to indicate 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 2021 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)** _____

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** (once in August and once in January, at the beginning of each semester, for ½ the annual amount)
- _____ **other (specify)** _____

Complete only
if you have
asked to be
billed above

Name of Contact for Billing (Please print clearly or type.)		

Street Address for Billing Contact (Please print clearly or type.)		

City	State	Zip

We agree to furnish the Office of Financial Aid at the School of Theology with information on all funds given or loaned to this applicant of which we have knowledge.

Signature Title

Date Name of parish providing support if other than home parish

PLEASE COMPLETE AND RETURN TO:

New Students:
 The School of Theology, Office of Admission
 335 Tennessee Avenue, Sewanee, Tennessee 37383-0001
 theologyadmissions@sewanee.edu

Returning Students:
 The School of Theology, Office of Financial Aid
 335 Tennessee Avenue, Sewanee, Tennessee 37383-0001
 crpatton@sewanee.edu