



# MOUNT ST. MARY'S SEMINARY & SCHOOL OF THEOLOGY

CINCINNATI + OHIO

APPLICATION FOR TUITION ASSISTANCE  
CONFIDENTIAL – FOR USE OF FINANCIAL AID COMMITTEE ONLY

**This application is for:** Fall Semester          or          Spring Semester          Year \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Program:    MAT          MAB          MACS          MAPM          Grad Cert          Certificate

A.    Attach a copy of your most recent income tax return (*do not include supporting schedules and forms*). If you are married filing separately, please include a copy of your spouse's income tax return. **Your application will not be considered unless accompanied by this information.**

B.    Major expenses contributing to need (*attach additional page[s] if necessary*):

Number of dependent children: \_\_\_\_\_

Other educational expenses (explain):

\_\_\_\_\_

Medical expenses (explain):

\_\_\_\_\_

Employment difficulties (explain):

\_\_\_\_\_

Other (explain):

\_\_\_\_\_

C.    What other sources of tuition aid have you sought (e.g., parish/church, Bouscaren Fund, religious community, employer, civic club)?

	<u>Source</u>	<u>Response (Y/N)</u>	<u>Amount</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

D. See [www.athenaeum.edu/academics/tuition-and-fees](http://www.athenaeum.edu/academics/tuition-and-fees) for tuition rates.

I plan to register for the following:

Course \_\_\_\_\_

Course \_\_\_\_\_

Course \_\_\_\_\_

Course \_\_\_\_\_

Course \_\_\_\_\_

Total semester tuition: \$ \_\_\_\_\_

E. What amount **can you pay** toward your tuition expenses for the semester?

\$ \_\_\_\_\_

F. What amount **do you anticipate receiving** from sources other than yourself and the School of Theology's tuition aid for the semester?

\$ \_\_\_\_\_

G. What amount of tuition aid **are you requesting** from the School of Theology for the semester?

\$ \_\_\_\_\_

H. What other factors would you like the committee to consider (*e.g., past service to the church, present ministries, or future plans and goals*) that demonstrate your need for education/formation to serve church or community better?

Mail completed application and income tax return to: **The Office of the Deans, Mount St. Mary's Seminary & School of Theology, 6616 Beechmont Avenue, Cincinnati, OH 45230.**