



# Saint-Jean-Baptiste Educational Foundation

*"Providing educational aid since 1966"*

---

## **Application for Theological Scholarship**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Are you a member of Catholic Financial Life? (*Yes or No*) \_\_\_\_\_

If yes, of which Chapter, City/State \_\_\_\_\_

Name of Seminary you are attending: \_\_\_\_\_

Seminary Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle year of theological studies: *First - Second - Third - Fourth - Special (Please explain if Special)*

\_\_\_\_\_

By what diocese or religious order have you been accepted for priestly ministry after ordination?

\_\_\_\_\_

Expected date of ordination: \_\_\_\_\_

\_\_\_\_\_



# Saint-Jean-Baptiste Educational Foundation

*"Providing educational aid since 1966"*

---

Have you previously received any educational financial aid from the SJB Educational Foundation? If yes, what years? \_\_\_\_\_

## **Parent 1**

Parent 1 Name: \_\_\_\_\_

Parent 1 Address: \_\_\_\_\_

Parent 1 City/State/Zip: \_\_\_\_\_

## **Parent 2**

Parent 2 Name: \_\_\_\_\_

Parent 2 Address: \_\_\_\_\_

Parent 2 City/State/Zip: \_\_\_\_\_

Family dependents including applicant: \_\_\_\_\_

## **IMPORTANT**

Please indicate the address where scholarship check should be sent:

\_\_\_\_\_  
\_\_\_\_\_

**Please note: In order to receive your scholarship award, this form must be submitted to the SJBEF for processing.**

You may either save the document and email it to [info@sjbef.org](mailto:info@sjbef.org) or mail it to: SJBEF, PO Box 496, North Attleboro, MA 02761.

**Questions?**

**Contact Paul Pinonnault, Administrative Secretary  
(508)699-2764 or email [info@sjbef.org](mailto:info@sjbef.org)**