



UNIVERSITY  
of ST. THOMAS  
MINNESOTA

## 2009-10 Clergy Scholarship Application

Name		UST ID #	
Street Address	City	State	Zip
			Phone

I am a member of the clergy for the following denomination or religious order:

Title or position held:

Please indicate any degree(s) you have received:

### Courses you will take this semester:

Course #	Course Title	Credits

**\*\*A new Clergy Scholarship Application is required for each term that you would like to be considered for funding. Scholarship decisions will not be made until after the drop/add period of each semester and will be based on available funding.**

Signature	Date
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Return this form to:  
University of St. Thomas  
Financial Aid Office, AQU 328  
2115 Summit Ave  
St. Paul, MN 55105  
Phone: 651-962-6550  
Fax: 651-962-6599

<b>For Financial Aid Use Only-- D13004</b>	
Approved: _____	Amount: \$ _____
Denied: _____	
Initials: _____	Date: _____