



UNIVERSITY OF  
ST. THOMAS

# Parish Scholarship

3800 Montrose Blvd Houston, TX 77006

Phone: 713-525-2170 Fax: 713-525-2142

- ✔ This application will determine eligibility for the Parish Scholarship. To be eligible, you must complete this application, and your parish must be within the Galveston-Houston Archdiocese. Your church will verify your information and they will determine if they will participate for the year.
- ✔ Verify you are an actual, registered parishioner at your parish. Parishes will verify your enrollment based on their databases.
- ✔ Submission of the UST Parish Scholarship Application does NOT, in any way, guarantee receipt of scholarship awards.. Parishes have the ultimate decision as to whether they will participate or not, on an annual basis. Notification of scholarship awarding will be conducted via UST email and MyStThom.
- ✔ Please submit this application via fax (above), by mail, in person, or scan & email to: [finaid@stthom.edu](mailto:finaid@stthom.edu). Applications are due March 31. Applications are good for your entire UST, undergraduate career, you do not need to submit one each year.
- ✔ Returning students must maintain/have a 2.0 cumulative gpa, and must be full time (12 hours) to receive the scholarship, per semester.

NAME	UST ID #	
ADDRESS	PHONE	UST EMAIL
CITY	STATE	ZIP CODE:
WHAT IS YOUR UST, CUMULATIVE GPA? (IF YOU JUST GRADUATED HIGH SCHOOL, LEAVE THIS SECTION BLANK)		
<b>PAROCHIAL INFORMATION</b>		
ARE YOU A VERIFIED MEMBER OF A CATHOLIC PARISH, WITHIN THE ARCHDIOCESE OF GALVESTON-HOUSTON?	YES	NO-YOU ARE NOT ELIGIBLE
<b>PLEASE LIST YOUR PARISH INFORMATION:</b>	PARISH NAME: _____	
By listing a Parish, you are allowing authorized administrators of the UST Office of Scholarships and Financial Aid to contact your Parish to obtain confirmation of your Parish membership.	PARISH ADDRESS AND PHONE NUMBER: _____ _____	
<p>BY SUBMITTING THIS SCHOLARSHIP APPLICATION, I AUTHORIZE THE SCHOLARSHIP COMMITTEE, THE OFFICE OF SCHOLARSHIPS AND FINANCIAL AID AND APPROPRIATE UST DEPARTMENTS TO DISCUSS AND OBTAIN ANY DOCUMENTATION RELATED TO MY ACADEMIC PERFORMANCE, MY CHARACTER, AND ANY OTHER PROFESSIONAL OR ACADEMIC INFORMATION RELEVANT IN CONSIDERATION FOR ANY UST SCHOLARSHIPS.</p> <p>I UNDERSTAND MY PRIVACY RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) AND I CONSENT TO RELEASING INFORMATION THAT SHALL BE USED FOR THE SOLE PURPOSE OF VERIFYING THAT I AM IN COMPLIANCE/ELIGIBLE WITH THE STANDARDS OF THE SCHOLARSHIPS I HAVE RECEIVED OR FOR WHICH I AM CONSIDERED.</p>		

**By signing, I indicate the above information is true and accurate.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_