



ARCHDIOCESE OF  
**NEW ORLEANS**

Office of  
Black Catholic Ministries



## Scholarship Application

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

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

**Church Parish:** \_\_\_\_\_

### Scholarship (Choose One):

**Sr. Thea Bowman / Sr. Eva Regina Martin / Bishop Dominic Carmon**

### Personal Profile:

**Please answer on another page.**

1. What are your educational and professional goals?
2. List all activities that you participate in at your parish. (Example: Lector, Extraordinary Minister, CYO, Youth Group, Choir, Parish Council, Food Bank, etc.)
3. How will you use the knowledge gained in your educational endeavors to serve the Archdiocese of New Orleans to enrich the Black Catholic Community?

(504) 861-6207

Fax: (504) 866-2906

[www.obcm-no.org](http://www.obcm-no.org)

7887 Walmsley Avenue

New Orleans, LA 70125



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### **Pastoral Recommendation:**

Please attach a recommendation from your pastor that relates to the particular scholarship you are applying for to attend the Institute. If you have questions please consult the Scholarship Information Sheet.

### **Statement of Accuracy & Commitment of Applicant**

I, the undersigned applicant, hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the work of the OBCM. Further, I hereby commit myself to service in the Archdiocese of New Orleans and my particular parish for the length of time for which I receive this scholarship.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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