

PARISH FORM

This Section Must Be Completed For Any Applicant Who Has Received The Approval of His/Her Parish or Mission to Study for Holy Orders:

Applicant's Name: _____

Home Parish : _____

Address: _____

City _____ State _____ Zip _____

If you will be providing support for this applicant from parish/mission funds, please complete the following:

Amount of parish/mission support for the 2008-2009 academic year \$ _____

Funds will be sent:

- _____ a. directly to the student
_____ b. to the Office of Financial Aid for crediting the student's account

If "b"

- _____ 1. we will automatically send the funds
_____ monthly
_____ quarterly
_____ at the beginning of each semester; or

_____ 2. we wish to be billed by The University
_____ at the beginning of the academic year
_____ at the beginning of each semester.

We agree to furnish the Office of Financial Aid at The University of the South with information on all funds given or loaned to the applicant of which we have knowledge.

Signature

Title

Date

Parish

**PLEASE COMPLETE AND RETURN TO:
Director of Financial Aid
The University of the South
735 University Avenue
Sewanee, Tennessee 37383-1000**