



The Rev. Msgr. Larry J. Droll Scholarship Application

Application Criteria

Scholarships are granted annually to students enrolled in Catholic graduate schools of theology or religious studies, who have already attained a bachelor's degree. They may be pursuing an academic, professional or pontifical degree. Scholarships are paid directly to the university or school to which applicant is enrolled, in-person or remote, for tuition and other needs. *Workshops and other such programs do not qualify.*

Applicant must:

- ❖ Be a practicing Roman Catholic who resides in a state in which Catholic Life Insurance is licensed to operate. At present, we can only accept applicants who live in Alabama, Arizona, Arkansas, Colorado, Florida, Georgia, Iowa, Kansas, Louisiana, Missouri and Texas. The graduate school must be recognized officially by the Roman Catholic Church.
- ❖ Submit a letter describing service in the Catholic Church and plans for using graduate degree to seek employment in a parish or Diocese.
- ❖ Demonstrate financial need.
- ❖ Have a 3.0 or higher-grade point average on a 4.0 point scale or a B or higher average in college and in any previous studies.
- ❖ Possess good character development.
- ❖ Provide the name, location and year graduated from high school.
- ❖ Provide the name, location, year graduated and transcript of college or graduate school. *(if transcript is not available, indicate in a separate letter).*
- ❖ Provide employment record. Employers may be contacted as to the integrity, honesty and dedication of the applicant.
- ❖ Provide three (3) personal references along with three (3) letters of recommendation *(family members do not qualify).*
- ❖ List additional education such as other diplomas/degrees, awards, certificates, etc.
- ❖ List activities, hobbies and other interests.
- ❖ Provide information on additional financial aid and frequency of payment.
- ❖ Submit a recent photograph suitable for publication *(digital photos not allowed).*

Mail all application materials to:

**Catholic Life Insurance
Fraternal and Community Affairs Department
P.O. Box 659527, San Antonio, Texas 78265-9527
(210) 828-9921**

**DEADLINE TO SUBMIT COMPLETED APPLICATION AND
ALL REQUIRED DOCUMENTATION: July 15, 2025**
(applicants submitting incomplete information will be disqualified)

PERSONAL INFORMATION		
First Name:	MI:	Last Name:
Email:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number: Home ()		Cell ()
Social Security Number:		U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Birth:		

EDUCATION	
<i>(applicants must have completed their undergraduate college degree)</i>	
High School	College
Name:	Name:
Address:	Address:
City/State:	City/State:
GPA:	Graduation Date:
Graduation Date:	Degree:
Applicant is studying for what Diocese:	
Applicant is seeking an advanced degree in:	
Applicant will be attending (Name of School):	
Mailing Address:	
City:	State: Zip code:

EMPLOYMENT RECORD

Name of Employer:	Dates:
Position:	Salary:
Reason for Leaving:	
Name of Employer:	Dates:
Position:	Salary:
Reason for Leaving:	
Name of Employer:	Dates:
Position:	Salary:
Reason for Leaving:	

PERSONAL REFERENCES

Name:		
Mailing Address:		
City:	State:	Zip Code:
Business:		Years Known:
Name:		
Mailing Address:		
City:	State:	Zip Code:
Business:		Years Known:
Name:		
Mailing Address:		
City:	State:	Zip Code:
Business:		Years Known:

ADDITIONAL FUNDING
(use separate page if needed)

Name of Individual/Organization:

Amount:

Frequency:

Name of Individual/Organization:

Amount:

Frequency:

I certify that all information on this application is true and complete to the best of my knowledge. Additionally, I authorize investigation of all statements contained herein and the references listed to give you any and all pertinent information, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing the same to you.

Signature

Date