



## The Rev. Msgr. Stuebben Seminarian Scholarship Criteria

### Application Criteria

Scholarships are granted annually to eligible Seminarians who have completed his undergraduate college degree and his pre-Theology studies. Scholarships are paid directly to the Seminary.

### Applicant must:

- ❖ Be a male, of the Roman Catholic faith and enrolled in Assumption Seminary, San Antonio, Texas.
- ❖ Be studying for a Diocese 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, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, New Mexico, Ohio, Oklahoma and Texas.
- ❖ 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, type of degree and transcript of college studies. *(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.
- ❖ Provide a brief, typed autobiography (250 words or less) and include a list of 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, 2026**

*(applicants submitting incomplete information will be disqualified)*

# Rev. Msgr. Stuebben Seminarian Scholarship Application

Please type or print all information. Application must be received by July 15, 2026

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	
Country of Birth:	Date of Birth:	
Activities, hobbies and other interests <i>(attach additional sheet if needed)</i> :		

GENERAL INFORMATION		
Seminary Attending/Applying To:		
Address:		
City:	State:	Zip Code:
Current Classification: <input type="checkbox"/> Pre-Theology <input type="checkbox"/> Theology I <input type="checkbox"/> Theology II <input type="checkbox"/> Theology III <input type="checkbox"/> Theology IV		
Projected Ordination Date:		
Name of Diocese Studying For:		
Parent's Name(s):		
Address:		
City:	State:	Zip Code:
Phone Number: Home (    )	Cell (    )	
Occupations:	Mother:	Father:

## EDUCATION

*(applicants must have completed their undergraduate college degree and pre-Theology studies)*

**High School**

**College**

**Name:**

**Name:**

**Address:**

**Address:**

**City/State:**

**City/State:**

**GPA:**

**Graduation Date:**

**Graduation Date:**

**Degree:**

**Additional Education** *(attach additional sheet if needed):*

## 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		
<b>Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Business:</b>		<b>Years Known:</b>
<b>Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Business:</b>		<b>Years Known:</b>
<b>Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Business:</b>		<b>Years Known:</b>

<b>ADDITIONAL FUNDING</b> <i>(use separate page if needed)</i>	
<b>Name of Individual/Organization:</b>	
<b>Amount:</b>	<b>Frequency:</b>
<b>Name of Individual/Organization:</b>	
<b>Amount:</b>	<b>Frequency:</b>

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**