

**SEMINARY STUDENT APPLICATION FORM**

**SARAH M. TORRANCE EDUCATIONAL ASSISTANCE FUND**

Diocese of Eau Claire  
510 S. Farwell St.  
Eau Claire, WI 54701

Name\_\_\_\_\_ Age\_\_\_\_\_

Address\_\_\_\_\_

Telephone\_\_\_\_\_

Seminary of Attendance\_\_\_\_\_

Assistance is being requested for:

Tuition\_\_\_\_\_

Books\_\_\_\_\_

Other\_\_\_\_\_ (Please state category:\_\_\_\_\_)

Please describe briefly basis of financial need: (Use back side if necessary)

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

Please return form to above address.

Office use only:

Approved by:\_\_\_\_\_

Amount:\_\_\_\_\_

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

STUDENT APPLICATION FORM

SARAH M. TORRANCE EDUCATIONAL ASSISTANCE FUND

Diocese of Eau Claire  
510 South Farwell Street  
Eau Claire, WI 54701

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

School of Attendance \_\_\_\_\_

Assistance is being requested for:

Tuition \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (Please state category: \_\_\_\_\_)

Please describe briefly basis of financial need: (Continue on reverse side if necessary)

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

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

Please return form to above address.

Office use only:

Approved by: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

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