



## Scholarship for Study Request Form

*Spem Miram Internationalis provides scholarships for complimentary studies (any academic training/program post institutional studies) and doctoral studies. In order to apply for a scholarship, students are asked to please complete all of the following information with assistance from the Regent of Students.*

*All requests for scholarships are due no later than September 1<sup>st</sup> or March 1<sup>st</sup>. The Board of Spem Miram Internationalis will review only fully completed requests. A response will be forwarded after the meetings of the Plenary Sessions of the General Council in May and November. For assistance in completing this form, please email fr. Juan Ubaldo López Salamanca, OP, at [SpemMiram@op.org](mailto:SpemMiram@op.org). Thank you for your application.*

### **Contact & Residence Information of Petitioner (Student)**

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Solemn Profession: \_\_\_\_\_  
(dd/mm/year) (dd/mm/year)

If Applicable, Date of Ordination: Diaconate: \_\_\_\_\_ Priesthood \_\_\_\_\_  
(dd/mm/year) (dd/mm/year)

Province/Vice-Province/Vicariate: \_\_\_\_\_

Current Assignment: \_\_\_\_\_

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

City/State or Province: \_\_\_\_\_

Country: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Tel. \_\_\_\_\_

**Educational History:**

<b>PROGRAM OF STUDIES</b>	<b>ACADEMIC INSTITUTION</b>	<b>YEARS ATTENDED</b>	<b>DEGREE COMPLETED</b>	<b>GRADE AVERAGE</b>

**Educational Petition:**

What is your intended area of study? \_\_\_\_\_

Has your area of study been approved by your Province/Vice-Province/Vicariate?

- Yes       No

How will this area of study be useful in light of the mission of the Order: (You may attach to this form your answer on a separate page).

**Financial Assistance Information:**

1. Please list the academic institution where you have submitted an application for studies. **Please convert all local currency into Euros. All requests must be in euros, the currency of the curia is Euros.**

NAME OF ACADEMIC INSTITUTION	AREA OF STUDY	LENGTH OF ACADEMIC PROGRAM

The name and place of the convent in which you will reside:

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If you will not reside in a convent, please explain:

**2. A. Scholarship**

Grants for scholarships only include the following items. Please indicate the amounts **per year**. Room and Board only includes the cost for accommodation at the convent. This section does not include personal money or travel.

ITEM	ANNUAL AMOUNT IN EUROS (€)
Annual Academic Fee	€
Room and Board	€
Books	€
Total Annual Scholarship	€
Subtotal [A]: Total Annual Scholarship multiplied by number of years	€

**2. B. Required items**

Explain any other necessary items required by the institution for the entire academic program (e.g., language study, academic travel, transportation, etc.).

ITEM	ANNUAL AMOUNT IN EUROS (€) ENTIRE PROGRAM
Language study	€
Required academic travel	€
Other:	€
Other:	€
Other:	€
SUBTOTAL Required Items [B]	€

Please explain the reasons for any other item indicated above:

## 2. C. Other Items

All other costs associated with the entire program of study (e.g., medical care, personal money and travel, etc.).

ITEM	ANNUAL AMOUNT IN EUROS (€) ENTIRE PROGRAM
Medical	€
Other:	€
Other:	€
Other:	€
Other Items Subtotal [C]	€

Please explain the reasons for any other item indicated above:

**2. D. Total**

Please indicated the total cost for the academic program and/or related needs. (change direction of table)

<b>ANNUAL SCHOLARSHIP SUBTOTAL [A]</b>	€
<b>REQUIRED ITEMS SUBTOTAL [B]</b>	€
<b>OTHER ITEMS [SUBTOTAL [C]</b>	€
<b>A+B+C= TOTAL COSTS</b>	€

3. Please list ALL sources of financial assistance in Euros requested from within and outside of the Order. Include both positive and negative responses:

<b>SOURCE FOR FINANCIAL ASSISTANCE</b>	<b>AMOUNT OF FINANCIAL ASSISTANCE GRANTED</b>	<b>FINANCIAL ASSISTANCE DENIED</b>
	€	€
	€	€
	€	€
	€	€
	€	€
	€	€
	€	€
<b>TOTAL:</b>	€	€

**N.B. A criteria required for the review of this petition is the amount of the financial support of the province/vice-province.**

TOTAL Cost (As #2 D Above)	€
<b>Amount granted by Province/Vice-Province/Vicariate</b>	€
Financial Grants Received (# 3 above)	€
Financial Request to SMI	€

If a scholarship approved, are you willing to participate in the life of the convent and, in addition, dedicated a minimum of eight hours a week in the convent of your residence?

Yes       No

Any Other Comments:

**Signature:**

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

Prior Provincial/ Vice-Provincial: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Append to this application:**

Letter of Recommendation of the Prior Provincial/Vice-Provincial. The letter confirms there has been consultation with the provincial council (cf. Criteria for a Grant).

Letter of Recommendation of the Regent/Moderator of Studies

A letter of acceptance from the academic institution, if available when requesting a scholarship from *Spem Miram Internationalis*.

A document or website address confirming the cost of the academic fees for the program.