

## ***Event Scholarship Application***

Financial assistance is available for Diocesan events based on needs and through a partnership with churches. Please complete this information and return to your Youth Minister or Priest for submission. All information will be confidential.

### **Applicant Information**

Student's Full Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Your grade in School: 6 7 8 9 10 11 12

Parish Name: \_\_\_\_\_ City: \_\_\_\_\_

Event for which you are requesting scholarship: \_\_\_\_\_ Cost of Event: \_\_\_\_\_

Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

How much will you be able to pay for this event? \$ \_\_\_\_\_

Students signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **Church Information**

The Department of Youth Ministries asks each applicant's parish to financially partner with him or her in order for the student to be able to attend the above-noted event.

Our church \_\_\_\_\_ is willing to contribute \$ \_\_\_\_\_ towards the above event.

\_\_\_\_\_  
Youth Minister/Priest signature

\_\_\_\_\_  
Date

For Office use only:

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