



## Office of Youth & Young Adult Ministry **FINANCIAL AID APPLICATION**

Applicants: Please fill out the following information:

Name: _____	Email: _____	
Street Address: _____		
City: _____	Zip Code: _____	Phone: _____
Group attending with: _____		
Leader: _____	Phone: _____	

Please check the following:

My birthday is \_\_\_\_/\_\_\_\_/\_\_\_\_.

I have registered for the \_\_\_\_\_ with a parish/school from within the Diocese of Savannah and am current with my payments.

I understand that the scholarship monies will not come to me directly but will go to my payments.

I have attached a letter from my pastor attesting to the economic need and endorsing my application.

I have attached a personal letter explaining:

- Why I need financial assistance.
- How I believe this event will encourage my growth in faith and my service to and participation in the larger faith community. (Please be specific: How do you see yourself contributing directly to your parish after this event).
- In your statement, please indicate if you have participated in this event before, and, if so, when and where.

How much is the total cost? í í í í í í í í í í í í . \$ \_\_\_\_\_

How much are you requesting?.....\$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date