

# DIOCESE OF SAVANNAH YOUTH MINISTRY SCHOLARSHIP FUND

## APPLICATION INSTRUCTIONS

### Instructions

Please carefully read through the instructions and application before proceeding. Scholarship assistance is available to youth and adults from the Diocese of Savannah participating in OYYAM sponsored programs and events. Individuals seeking scholarship assistance should complete the **Diocese of Savannah Application for Need-Based Youth Ministry Scholarship** and submit it to their parish youth ministry/faith formation leader two weeks prior to the diocesan deadline for applications (see the OYYAM webpage for the specific program for which you are applying for the diocesan deadline). Parish youth ministry/faith formation leaders collect and review the **Diocese of Savannah Application for Need-Based Youth Ministry Scholarship**, complete the bottom section of each application, and then submit all applications to the OYYAM by the close of business on the designated deadline date. Scholarship decisions will be made **within three weeks of the deadline date, and parish leaders and recipients will be notified shortly thereafter.**

### Purpose of the Diocese of Savannah Youth Ministry Scholarships

OYYAM scholarships are intended to:

- Increase the participation of young people from diverse cultural backgrounds and geographic settings
- Help support those in financial need due to economic hardship
- Include young people with physical, sensory, and/or cognitive disabilities

### What Will the DSYMS Fund?

If your application is funded, the Diocese of Savannah Youth Ministry Scholarship Fund will underwrite a portion of the cost for participating in OYYAM sponsored programs and events. The DSYMSF expects that the individuals and local community will manage the remaining expenses. In rare cases where local resources are extremely limited and expenses are extensive, the DSYMSF may fully fund a portion of participants' expenses if possible.

### Scholarship Awards

Applications will be reviewed/decided by a committee of parish youth ministry/faith formation leaders from the Diocese of Savannah. The DSYMSF will pay scholarship funds for registration fees directly to the OYYAM on behalf of the individual recipients. If applicable, any other funds will be sent directly to the applying parish/school/organization.

### Questions

Questions about the DSYMSF scholarship program should be directed to the OYYAM Director via email ([oyyam@diosav.org](mailto:oyyam@diosav.org)) or phone at 912-201-4057.

# Diocese of Savannah Application for Need-Based Youth Ministry Scholarship

*For youth and adult leaders actively involved in their parish/school who are in financial need.*

Please return this form to your Coordinator/Leader of Youth Ministry or DRE

PLEASE TYPE OR PRINT CLEARLY

NAME \_\_\_\_\_ Check one:  Youth  Adult

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  cell  home  work

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARISH & LOCATION \_\_\_\_\_

NAME OF PROGRAM FOR WHICH YOU NEED FUNDING \_\_\_\_\_

FOR YOUTH ONLY: GRADE \_\_\_\_\_ PARENT(S) NAME \_\_\_\_\_

1) The fee for the program for which you need funding: \$ \_\_\_\_\_. Of this amount, how much:

(a) have you already paid?..... \$ \_\_\_\_\_

(b) do you have on credit in your parish through fundraising?..... \$ \_\_\_\_\_

(c) will your parish be paying?..... \$ \_\_\_\_\_

(d) will you be able to pay in addition to the amount you've already paid?.... \$ \_\_\_\_\_

(e) are you requesting as a scholarship?..... \$ \_\_\_\_\_

2) Have you attended this program in the past?  Yes  No If "yes", when? \_\_\_\_\_

3) How long have you been involved in youth ministry?

1 year or less  2 years  3 years  4 years  5 years  6+ years

4) Explain how you are involved in youth ministry in your setting. *(use back if necessary)*

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5) What do you hope to gain from this experience? How will you apply/use what you learn? *(use back if necessary)*

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6) What are your parish setting, cultural background, and any special needs? (Check as many as apply.)

Inner City  Urban/Suburban  Rural  African-American  Asian  Native American

Hispanic/Spanish-speaking  Multi-ethnic  Anglo  Financial Need  Other \_\_\_\_\_

**PARISH RECOMMENDATION** YM/DRE Name \_\_\_\_\_

Do you affirm this person in his/her desire to attend this program?  yes  no Why is funding necessary for this person?

What is your advice on a just amount of scholarship for this person? \$ \_\_\_\_\_

Please fax (912-201-4101) or send this to the Office of Youth and Young Adult Ministry.

FOR OFFICE  
USE ONLY

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