

# Archdiocese of Indianapolis Scholarship Application

Confidential

Please complete the following and return to Youth Ministry\*

Student Name: _____	Parish: _____
Parent's Name(s): _____	School/Grade: _____
Address: _____	City: _____
State: _____ Zip: _____	Home phone: _____
I am applying for assistance for _____ <small>Archdiocesan Event Name</small>	
The total cost of this event is \$ _____, and I am requesting help with _____ % of the cost.	

Please tell why you would like to attend this event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your involvement at your parish: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date completed: \_\_\_\_\_

Signature of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation for Scholarship approved by:

Signature of Youth Minister or Pastor \_\_\_\_\_ Date: \_\_\_\_\_

Archdiocesan  
staff use only

Received: \_\_\_\_\_ Date approved: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date notified: \_\_\_\_\_

\*Please Mail or Fax this form to:  
Youth Ministry/OCE  
P.O. Box 1410  
Indianapolis, IN 46206-1410  
Fax: 317-261-3364