

SS. Peter & Paul Youth Group Scholarship Application

Confidential

This application should be completed by applicants interested in applying for financial aid to attend youth camps and events requiring payment. It is designed to offer financial assistance based upon individual need. Parent or Legal guardian knowledge as well as approval signature is required.

Personal

Date: _____

Name: _____
(Last) (First) (Middle)

Present Address: _____
Number Street City Zip

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Sex: _____ Male _____ Female

Name of Organization or Event requesting financial assistance for:

Date(s) of event: _____

How did you learn about this event? _____

How do you feel you will benefit by attending this event?

What gifts or talents do you anticipate being able to bring back to our parish community?

Referred to the Scholarship Fund by: _____

Other activities you are involved in: _____

Personal References

Name: _____

Address: _____

Telephone: _____

How long have you known this person?

Name: _____

Address: _____

Telephone: _____

How long have you known this person?

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____