

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 _____
Archdiocesan Event Name
The total cost of this event is \$ _____.
I am requesting help with _____% of the cost. (75% = maximum allowed)

Please tell why you would like to attend this event: _____

Please describe your involvement at your parish: _____

Please briefly describe your financial need: _____

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

Date Received: _____ Date approved: _____
Staff Signature: _____ Date notified: _____

*Please Mail or Fax this form to:
Youth Ministry/OCE
1400 N. Meridian
Indianapolis, IN 46202
Fax: 317-261-3364