

Archindy Scholarship Application

2013 National Catholic Youth Conference



Student Name: _____	Parish: _____
Parent's Name(s): _____	Diocese: _____
Address: _____	City: _____
State: _____ Zip: _____	Home phone: (____) _____
Is this your first NCYC? Yes No	

Please tell why you would like to attend this event:

List areas in which you have demonstrated leadership (school, parish, etc.):

Please describe how you think this event will impact your faith life:

What obstacles (if any) would prevent you from attending?:

(Please attach additional pages as necessary)

Signature of Applicant: _____ Date completed: _____

Signature of Parent/Guardian(s): _____ Date: _____

Recommendation for Scholarship approved by:

Signature of Youth Minister or Pastor _____ Date: _____

Signature of Diocesan Director _____ Date: _____

**Committee
Use Only:**

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

Youth Applicant: Please complete and return to your Youth or Campus Minister by _____

Campus/Youth Ministers: Please return completed applications by **June 12, 2013** to:

Youth Ministry/OCE
Attn: NCYC
1400 N. Meridian St.
Indianapolis, IN 46202