

# Form H - NCYC Scholarship Request

**Return by  
June 29th**

### Important Information

**\*Available money is limited.**

**\* Scholarship request may not exceed 1/2 of program cost.**

**\*Scholarships will be awarded to individuals based on need.**

**\* A letter of support from a parish staff person is required.**

### Applicant Information

Name:		Phone:				
Address:		E-Mail:				
City:		Age:		Grade:		
State:	Zip:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
County:		Parish:				
Amount requested \$						
Have you ever received a scholarship from this office before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Race:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Native American	<input type="checkbox"/> Other

**1. Why do you want a scholarship for this program?**

**2. How will the remaining cost for program participation be covered and by whom?**

**3. In what way will your involvement benefit your parish and others?**

**4. Is there any other information that is relevant to your scholarship request?**

**5. Parents: Please place a check that indicates family income.**

<input type="checkbox"/> \$0 - \$10,000	<input type="checkbox"/> \$30,001 - 50,000	<input type="checkbox"/> \$70,001 and above
<input type="checkbox"/> \$10,001 - 30,000	<input type="checkbox"/> \$50,001 - 70,000	

Applicant Signature

Parent Signature

Pastor Signature

Date

**Please return this form and parish letter with other registration materials by June 29 to:**  
 NCYC ♦ Youth & Young Adult Ministry and CYO Office ♦ 7911 Detroit Ave. ♦ Cleveland, OH 44102  
 FAX: 216-961-6773 ♦ Phone: 216-334-1261 ext.16  
*Decisions regarding scholarship requests will be made by July 30 with applicants and parishes notified by mail.*