

YOUTH & YOUNG ADULT MINISTRY AND CYO OFFICE SCHOLARSHIP REQUEST

Name: _____

Phone: _____

Address: _____

E-Mail: _____

City, ST, Zip: _____

Age: _____

Grade: _____

County: _____

Gender: Male Female

Parish: _____

Program for which scholarship is requested: _____

Amount requested* \$ _____

Have you ever received a scholarship from this office before? Yes No

Race: Caucasian Hispanic Asian African American Native American 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.

\$0 - \$10,000

\$30,001 – 50,000

\$70,000 and above

\$10,001 – 30,000

\$50,001 – 70,000

Applicant Signature

Parent Signature

Pastor Signature

Date

Please return the scholarship request and parish letter to:
Youth and Young Adult Ministry and CYO Office
7911 Detroit Avenue
Cleveland, OH 44102

** Scholarship request may not exceed ½ of program cost.*

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