

Please note that these monies are to be awarded in situations of financial hardship only, with the understanding that without these monies the participant would not be able to attend the event.

You **Must** apply for scholarship funds before each event. This form must be filled out completely and returned to the diocese by the registration deadline. **FUNDS ARE LIMITED.** Please take note of the policies and procedures required for requesting monies from the diocese. The diocese strives to assist you with your participation in diocesan programs. We must be good stewards of our financial resources. We ask that you only request what you feel is necessary. Assistance is no more than 1/3 of the event cost. All recipients are **required** to seek scholarship aid from their local church. If you receive matching funds from your parish, it is likely that you will receive funds from the diocese.

Please complete this request form, and submit to the diocese along with your portion and your churches portion of payment to:

**DIOCESE OF SOUTHEAST FLORIDA**  
 525 NE 15 St.  
 Miami, Fl 33132  
 (305) 373-0881 – (800) 268-9993  
 Contact Person: Mary Cobiella, ext.29

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ **Event:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Church & City: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name & Signature)

Reason for assistance: \_\_\_\_\_

Rector / Vicar: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name & Signature)

Reason for assistance: \_\_\_\_\_

Youth Leader: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name & Signature)

Reason for assistance: \_\_\_\_\_

Parent / Guardian Portion (1/3): \$ \_\_\_\_\_  
 Congregation Portion (1/3): \$ \_\_\_\_\_  
 Diocese and/or Deanery Portion (1/3): \$ \_\_\_\_\_  
 Event total \$ \_\_\_\_\_