

## Application for Need-Based Scholarship for March for Life 2010

For youth and adults who are actively involved in their parish who are in financial need

Please return this form to your

Parish Catechetical Leader, Coordinator of Youth Ministry or Group Leader by **December 10<sup>th</sup>**.

PLEASE TYPE OR PRINT CLEARLY

NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARISH \_\_\_\_\_

1) The registration fee for the MFL is **\$100** which includes transportation, Metro pass, and a sweatshirt.

2) How much of this fee can:

(a) **YOU** afford to pay? \$\_\_\_\_\_ (b) **PARENTS** afford? \$\_\_\_\_\_ (c) **PARISH** afford? \$\_\_\_\_\_.

3) How much of the registration fee are you requesting? \$\_\_\_\_\_

4) If you don't receive all the money you need, will you still be able to attend? \_\_\_\_\_

5) Explain how you are involved in faith formation in your parish/school/diocese *(use back if necessary)*

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6) How long have you been involved in faith formation?

1 year or less  2 years  3 years  4 + years

7) What do you hope to gain from this experience? How will you apply/use what you learn?

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8) What is your parish setting, cultural background, and any special needs? (Check as many as apply.)

Inner City  Urban/Suburban  Rural  African-American  Asian  Native American  
 Hispanic/Spanish-speaking  Multi-ethnic  Anglo  Financial Need  Other \_\_\_\_\_

PARISH RECOMMENDATION Name \_\_\_\_\_ Parish \_\_\_\_\_

Do you affirm this person in his/her desire to attend this training? \_\_\_\_ yes \_\_\_\_ no

What is your advice on a just amount of scholarship for this person? \$\_\_\_\_\_ Why?

**Parish Catechetical Leader:**

Please fax/send this to the Office of Lifelong Faith Formation by **December 17<sup>th</sup>** to be considered

Office Use Only:

Date Received: \_\_\_\_\_ Approved: Y / N Approved Amount: \$\_\_\_\_\_ Initials: \_\_\_\_\_