



**YOUTH MINISTRY
Episcopal Youth Event
SCHOLARSHIP APPLICATION**

PLEASE **ONLY** REQUEST THE MINIMUM AMOUNT THAT YOU REQUIRE,
SO THAT OTHER YOUTH CAN BENEFIT FROM OUR SCHOLARSHIPS.

(PLEASE CHECK ONE.)

SCHOLARSHIP AMOUNT REQUESTED: \$50 _____ \$100 _____ \$150 _____ \$200 _____ OTHER \$ _____

MANDATORY PARTICIPANT DEPOSIT OF \$50 REQUIRED BEFORE REQUESTING SCHOLARSHIP MONEY

Youth Information is required for any event:

NAME _____
Last First Middle

GENDER _____ BIRTH DATE _____ AGE AT EVENT _____ SCHOOL GRADE _____
M/F Month/Day/Year this fall

HOME ADDRESS _____
Street Address City State Zip

PRIMARY CONTACT
CUSTODIAL PARENT/ GUARDIAN NAME _____
First Last

(If different from above)

HOME ADDRESS _____
Street Address City State Zip

PRIMARY E-MAIL
ADDRESS _____

PRIMARY TEL # (_____) _____ ALTERNATE TEL # (_____) _____

FAMILY COMPOSTION:

1) CUSTODIAL
PARENT /GUARDIAN NAME _____
First Last

2) CUSTODIAL
PARENT/GUARDIAN NAME _____
First Last

ALL DEPENDENT MEMBERS OF THE YOUTH'S IMMEDIATE FAMILY:

(Attach additional members' names on a piece separate piece of paper)

FULL NAME OF DEPENDENT MEMBER: AGE IF UNDER 18: RELATIONSHIP TO YOUTH:

FULL NAME OF DEPENDENT MEMBER:	AGE IF UNDER 18:	RELATIONSHIP TO YOUTH:

OPTIONAL QUESTIONS: (THIS INFORMATION IS NOT REQUIRED BUT HELPFUL TO OUR DECISION PROCESS)

(For additional space, a separate piece of paper may be used and attached to the application)

TOTAL APPROXIMATE FAMILY INCOME FOR LAST YEAR: \$ _____

NUMBER OF PEOPLE SUPPORTED BY THIS INCOME _____

OTHER SOURCES OF INCOME (WIC, ETC.) _____

PLEASE PROVIDE ANY FINANCIAL INFORMATION THAT MAY BE HELPFUL FOR US TO KNOW.

PARISH NAME _____ **DENOMINATION** _____

PARISH LOCATION _____ **PARISH TEL# ()** _____

PARISH LEADER/RECTOR NAME _____

HAVE YOU GONE TO YOUR PARISH REQUESTING A SCHOLARSHIP FOR THE EVENT? _____
Yes/No

SCHOLARSHIP AMOUNT GIVEN BY YOUR PARISH FOR EVENT \$ _____
Actual or Proposed Amount

HAVE YOU REQUESTED OR RECEIVED FINANCIAL AID FROM ANY OTHER EPISCOPAL ORGANIZATION OR GROUP? _____ **AMOUNT \$** _____
Yes/No *Actual or Proposed*

PLEASE PROVIDE THIS GROUP'S NAME _____

ARE YOU AFFILIATED WITH EPISCOPAL COMMUNITY SERVICES OR ANY OTHER EPISCOPAL ORGANIZATIONAL MINISTRIES? _____ / _____
Yes or No. *Please provide names*

NAME OF CONTACT AT E.C.S. _____ **PHONE # ()** _____

I understand and I voluntarily agree that the information that I have submitted in this application is true and complete to the best of my knowledge. I understand and I voluntarily agree that the Diocese of Pennsylvania may contact my rector during the processing of my application. I also understand that in order for my child to attend the event and receive a scholarship, a medical release form must be signed by a qualified doctor and must be given to the diocese prior to the event. Failure to do so may result in my child being unable to attend the event or receive a scholarship.

CUSTODIAL PARENT/ GUARDIAN SIGNATURE _____ **DATE** ____ / ____ / ____