

Diocese of San Angelo  
Engaged Encounter Weekend  
Financial Assistance Request Form

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

How do you prefer to be contacted? \_\_\_\_\_Email      \_\_\_\_\_Phone

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

How do you prefer to be contacted? \_\_\_\_\_Email      \_\_\_\_\_Phone

Briefly explain your need for assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We have a limited amount of funds. You will be contacted regarding the amount of financial assistance that is available to you.

Submit completed forms to:

Office of Evangelization and Catechesis  
804 Ford St  
San Angelo, TX 76905  
evangelizationcatechesis@sanangelodiocese.org