

## DIOCESE OF LAFAYETTE-IN-INDIANA SCHOLARSHIP APPLICATION

Please complete the following and return to the Pastoral Office for Catechesis\*

Student Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I am applying for assistance for \_\_\_\_\_

The total cost for this event is \$\_\_\_\_\_, and I am requesting help with \_\_\_\_\_% of the cost.

Please tell why you would like to attend this event:

Please describe your involvement at your parish:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

### Recommendation for Scholarship approved by:

Signature of Pastor or Youth Minister: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax this form to:  
Pastoral Office for Catechesis  
2300 South 9<sup>th</sup> Street  
Lafayette, IN 47909  
Fax: 765-474-3403

For diocesan staff use only.

Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Amount: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date notified: \_\_\_\_\_