Diocese of Victoria
Office of Youth Ministry
Scholarship Request Form _____ (insert year)

Student's Name: _____

Parents' Name(s): _____

Address: _____
Street City Zip
Home Phone: _____ Cell Phone: _____

Email: Parent _____ Student _____

Parish: _____ Grade: _____

Youth Ministry Event for which the Scholarship is to be applied: (please circle)

Youth Spectacular YLT Retreat Camp David D-Week RMH Other

Please write a brief reason why you want to attend this Diocese of Victoria, Office of Youth Ministry sponsored event._____
_____
_____
_____
_____

What assistance do you need financially for this event?
Partial Scholarship in the amount of $_____

(Please note that all who request scholarships are responsible for paying the initial deposit for that specific event.
Also, scholarships will be awarded on a first-come-first-served basis until the scholarship fund is depleted.)

_____

Please complete and submit to:
Diocese of Victoria
Office of Youth Ministry
P.O. Box 4070
Victoria, TX 77903
You will be notified by e-mail or phone as soon as possible.

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(For Office Use Only)

Date Received: _____ Request Accepted:_____ Amount Granted: _____