DCYC SCHOLARSHIP INFORMATION

The Diocese of Amarillo would like to offer the youth of the diocese the opportunity to participate in the Diocesan Catholic Youth Conference (DCYC) experience with the assistance of their families and parish. It is with this commitment and contribution from our scholarship fund that we would like to give young people an opportunity to apply.

CRITERIA

- Scholarships are awarded toward the registration cost ONLY per program/event.
- *This does not include housing, travel, or meals (unless included in registration costs).*
- Due to the fact that the number of scholarships is limited, each parish *might* not be granted more than two scholarships but apply for as many as you need.
- Application Deadline is January 31, 2022 5:00 p.m.; forms received after this date will not be considered.
- Scholarship forms must be completed and returned to the Diocese of Amarillo using the address below.
- Scholarship awards are non-transferable.
- Late fees are not included in scholarship awards.
- Adult chaperones may apply; however, funds are typically held for high school students.

APPLICATION PROCESS

Each youth who would like to be considered for a DCYC Scholarship must be registered for DCYC.

Each application must be signed by the participant, parent/guardian and pastor.

One application may be used to submit multiple students however each student is required to submit an individual paragraph of intent.

The Diocese of Amarillo must receive the original DCYC Scholarship Application Form. Please send the form to:

Diocese of Amarillo  
Attn: Youth Office  
4512 NE 24th Ave.  
Amarillo, Texas 79107
DCYC SCHOLARSHIP APPLICATION

Parish __________________________ Name __________________________ City __________________________

Pastor __________________________

Participant Name __________________________

Address __________________________ Street __________________________ City, State, Zip __________________________

Phone Number __________________________ Email __________________________

Youth Minister Name __________________________

Phone Number __________________________ Email __________________________

How much is being requested from DCYC? (Can be no more than $35 per student) $ _______

How much is the parish contributing? $ _______

How much are you able to contribute? $ _______

What is the total cost to attend DCYC? Travel, lodging etc.) $_______

In a paragraph share how this particular program will assist you, the participant, through your attendance and active participation. (Please attach paragraph to this form)

I understand that failure to fully participate in or attend DCYC will result in my being ineligible to apply for future scholarship assistance.

Participant Signature __________________________ Date ________________

Parent/Guardian Signature __________________________ Date ________________

Pastor Signature __________________________ Date ________________