



## Youth/Young Adult Scholarship Application

**\*\* If under 18, please fill out the parent information \*\***

Applicants Name: \_\_\_\_\_ Applicant's Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicants Email Address (if over 18): \_\_\_\_\_

Parent's/Guardians Name: \_\_\_\_\_

Parent's Primary Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

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

How did you hear about this scholarship fund?: \_\_\_\_\_

What activity/event will this money go towards?: \_\_\_\_\_

Why do you want to attend the event?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What amount of assistance are you requesting?:** \_\_\_\_\_

Have you ever requested for assistance before:    Yes //    No

What are other sources of funding you have asked to give you towards this event?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain your financial situation and your need for these funds?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete all the questions and return form as soon as possible to:**

ATTN: Brady Borslien  
Office for Youth and Young Adult Ministry  
5201 Bishops Blvd, Suite A  
Fargo, ND 58104

Office Use Only:

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

Dispersed: \_\_\_\_\_