

Office of Youth and Young Adult Ministry

5201 Bishops Boulevard, Suite A | Fargo, North Dakota | 58104 W: (701) 356-7902 | C: (218) 280-9102

Youth/Young Adult Scholarship Application

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

Applicant's Name			Annli	Applicant's Dhone Number			
Applicant's Name: Mailing Address:			Appli	Lant's Phone Nu	miber.		
			C /if over 1	0).			
	Applicants Email Address (if over 18): Parish City: und?: Yes No esting? (Indicate a specific dollar amount): efore: Yes No						
Parent Email:							
Parish Name:				City:			
Talish Name.			i di isi	- City.			
How did you hear about this scholarship fund?:							
What activity/event will this money go towards?: _							
Have you attended this event before?:	Yes	П	No				
Why do you want to attend the event?:							
What amount of assistance are you requesting? (In	ndicate a sr	ecific dollar	r amount):				
Have you ever requested for assistance before:	,						
				<u> </u>			
				·			
Briefly explain your financial situation and your nee	ed for the	ese funds	?:				
Please complete all the	auestic	ons and	return	form as soon	ı as nossible to:		
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