



Diocese of Santa Rosa
Office of Youth Ministry

985 Airway Ct. Phone: (707) 566-3343
Santa Rosa, CA 95402 Email: dsryouth@srdiocese.org

Scholarship Application

Complete details below and use reverse side if needed. Return application by scan/email or regular mail.

PROGRAM:

Applicant/Participant Last Name First Name // Grade (entering next Fall)

Street/P.O. Box City Zip

PHONE (Home) () (Cell) ()

Primary Parent Name: _____ Last Name if different: _____

(Cell) () (Email) _____

Parish: _____

Have you discussed the Diocesan program
with your pastor? Y / N

How much of the total registration fee can you afford: _____

How many Santa Rosa Diocesan Camps, Workshops, Retreats have you attended: _____

What is your favorite experience of Diocesan programs or what are you looking forward to the most:

What Parish ministry programs do you currently participate in (or plan to):

DIRECTOR SIGNATURE

DATE

SCHOLARSHIP APPROVED FOR:

\$ _____