



Diocese of Rochester
 Youth Advocacy Fund / Diocesan Scholarship Request
 Individual Application (Form 2b)

DUE: 4/20/2023

EVENT FOR WHICH AID IS REQUESTED:

NCYC 2023

DATE OF EVENT:

November 16-18, 2023

NAME OF TEEN:	_____		
ADDRESS:	_____		
CITY:	STATE:	ZIP:	
CELL PHONE #:	_____	_____	_____
EMAIL:	_____	GRADE:	AGE:
TEEN'S PARISH	_____	LOCATION:	_____

PARENT/GUARDIAN INFORMATION:

NAME: _____

CELL PHONE: _____

EMAIL: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Teen Applicant to complete #1 and #2 in this section (*Pastoral Leader or Youth Minister completes #3*):

1. AMOUNT OF FINANCIAL AID REQUESTED:	\$	_____
2. AMOUNT FAMILY CAN CONTRIBUTE TOWARD COST OF THIS EVENT:	\$	_____
3. AMOUNT PARISH CAN CONTRIBUTE:	\$	_____

Teen Applicant: Please complete the 3 questions on the next page. Be sure to enter your name (first and last) in the appropriate field. Send both your completed questionnaire (Page 2) AND this registration to your Parish Pastoral Leader/Youth Minister by **April 1, 2023**.

Question for Parish Pastoral Leader/Youth Minister: Please include a brief statement about this applicant and why she/he should receive aid. Also, please indicate what financial support the parish can provide (*#3 above*) for this young person and return both the teen response and this application to our office by **April 20, 2023**.

Return to: Mark Capellazzi
 Youth Ministry Advocacy Fund
 1150 Buffalo Road
 Rochester, NY 14624

Office Use Only Amount Granted: \$ _____

NCYC 2023 TEEN APPLICANT FIRST AND LAST NAME: _____.

TEEN APPLICANT'S PARISH/LOCATION: _____.

Q1: Why do you feel it is important for you to participate in this opportunity? What do you hope to gain from this experience?

Answer1:

Q2: How will you share what you gain from this opportunity with your community?

Answer2

Q3: Why do you need assistance to participate in this opportunity?

Answer2: