



Diocese of Rochester  
 Youth Advocacy Fund / Diocesan Scholarship Request  
 Individual Application

**DUE: 4/20/2025**

EVENT FOR WHICH AID IS REQUESTED:

**NCYC 2025**

DATE OF EVENT:

**November 20-22, 2025**

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: [Click here to enter text.](#) \_\_\_\_\_

DATE: \_\_\_\_\_

Teen Applicant to complete blanks 1-3 in this section (*Pastoral Leader or Youth Minister completes #4*):

1. ALSO APPLYING FOR NFCYM NCYC SCHOLARSHIP FUNDS?	YES	<input type="checkbox"/>	No	<input type="checkbox"/>
2. AMOUNT OF DIOCESAN FINANCIAL AID REQUESTED:	\$	_____		
3. AMOUNT FAMILY CAN CONTRIBUTE TOWARD COST OF THIS EVENT:	\$	_____		
4. 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, 2025**.

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, 2025**.

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: [Click here to enter text.](#)

TEEN APPLICANT'S PARISH/LOCATION: [Click here to enter text.](#)

**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:** [Click here to enter text.](#)

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

**Answer2:** [Click here to enter text.](#)

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

**Answer3:** [Click here to enter text.](#)