Diocese of Little Rock—Youth Office
Scholarship Application

Name: _____

Mailing Address: _____
Street Address **City** **Zip Code**

Email: _____
Parish: _____

Youth Leader: _____

Diocesan Event For Which Scholarship Money Will Be Used

_____

***Amount Requested:** _____

*** Scholarship requests should be MADE ONLY AFTER the family and the parish have contributed toward the overall event fee. In special cases, consideration may be given to requests made for a larger scholarship amount.**

Please provide an explanation as to why you would like to attend this event and what you hope to gain by attending: (Please print or type)

_____
_____
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_____
_____
_____
_____
_____

Applicant Signature _____ Date _____
Parent Signature _____ Date _____
Youth Leader Signature _____ Date _____