

DIOCESE OF FARGO YOUTH SCHOLARSHIP APPLICATION

STUDENT'S NAME _____

PARENTS NAME _____

COMPLETE ADDRESS _____

PHONE #'S _____

EMAIL ADDRESS _____

PARISH _____

How did you hear about this scholarship fund?

What activity will this money be going towards? _____

Why do you wish to attend?

What amount of assistance do you request? _____

Please list other sources of funding you have asked to give you money?

Briefly explain your financial situation and your need for these funds?

Please complete all questions and return this form as soon as possible to:

**Attn: Kathy Loney
Office for Youth and Young Adult Ministry
Pastoral Center
5201 Bishops Blvd, Ste A
Fargo, ND 58104
Kathy.loney@fargodiocese.org**

