JUST SAY IT! YES! RETREAT

2012 YES! 28 Retreat
Application for Need-Based Scholarship

Please return this form to your DRE/Youth Minister and your Pastor.
Scholarship applications must be received to the Office of Faith Formation by **Thursday, March 1, 2012**

DIOCESE OF FALL RIVER — OFFICE OF FAITH FORMATION
Adult Evangelization & Spirituality
Catechesis & Formation
Marriage Ministry
RCIA
Youth & Young Adult Ministry

TO BE COMPLETED BY CANDIDATE. PLEASE PRINT CLEARLY.

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____ Date of Birth _____ Grade_____

Parish Name_____ Parish City_____

1.) The registration fee for YES! 28 is **$160.00** which includes meals, snacks and two nights lodging. How much of this fee can: (a) **YOU/PARENT(S)** afford to pay? **$**_____ (b) **a SPONSOR** afford? **$**_____
(c) **PARISH** afford? **$**_____ How much of the registration fee are you requesting for a scholarship? **$**_____

2.) If you do not receive all of the money you requested, will you still be able to attend? _____ YES _____ NO

3.) What do you hope to gain from this retreat experience? _____

_____

_____

_____ _____ _____ _____

Candidate Signature *Date* *Parent/Guardian Signature* *Date*

TO BE COMPLETED BY YOUR DRE/YOUTH MINISTER AND PASTOR. PLEASE PRINT CLEARLY.

DRE/YM Name_____ Phone (_____) _____

Do you affirm this candidate in his/her desire to attend the YES! Retreat? _____ YES _____ NO

Is the parish able to contribute any monies to the registration fee? _____ YES _____ NO How much? **$**_____

_____ _____ _____ _____

DRE/Youth Minister Signature *Date* *Pastor Signature* *Date*

FOR OFFICE OF FAITH FORMATION USE ONLY.

Amount of Scholarship Awarded **$**_____ Date Awarded _____ Date Notified _____

Fax or Mail this Scholarship Application along with the YES! 28 Retreat Registration to:

YES! 28 Retreat
c/o Crystal-Lynn Medeiros
Office of Faith Formation
423 Highland Ave.
Fall River, MA 02720
Fx: 508-675-3864