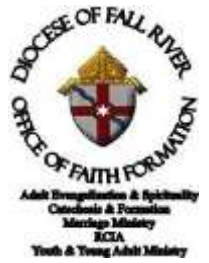




2019 YES! Retreat

Application for Need-Based Scholarship

Please return this form to your DRE/Youth Minister and your Pastor.
Scholarship applications must be received by the Office of Faith Formation
by **Friday, January 25, 2019**



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! is **\$165.00** 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! Retreat Registration to:

YES! Retreat
c/o Rose Mary Saraiva
Office of Faith Formation
423 Highland Ave.
Fall River, MA 02720
Fax: 508-675-3864