

## Application for Need-Based Scholarship for N.E.W

*For youth and adults who are actively involved in their parish who are in financial need*

Please return this form to your  
Parish Catechetical Leader, Coordinator of Youth Ministry or Group Leader by **July 1**.

PLEASE TYPE OR PRINT CLEARLY

NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PARISH \_\_\_\_\_

- 1) The registration fee for N.E.W. is **\$240** which includes registration, room and board, and a t-shirt.
- 2) How much of this fee can:  
(a) **YOU** afford to pay? \$\_\_\_\_\_ (b) **PARENTS** afford? \$\_\_\_\_\_ (c) **PARISH** afford? \$\_\_\_\_\_.
- 3) How much of the registration fee are you requesting? \$\_\_\_\_\_
- 4) If you don't receive all the money you need, will you still be able to attend? \_\_\_\_\_
- 5) Explain how you are involved in faith formation in your parish/school/diocese *(use back if necessary)*

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- 6) How long have you been involved in faith formation?  
 1 year or less    2 years    3 years    4 + years

- 7) What do you hope to gain from this experience? How will you apply/use what you learn?

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- 8) What is your parish setting, cultural background, and any special needs? (Check as many as apply.)

Inner City    Urban/Suburban    Rural    African-American    Asian    Native American  
 Hispanic/Spanish-speaking    Multi-ethnic    Anglo    Financial Need    Other \_\_\_\_\_

PARISH RECOMMENDATION Name \_\_\_\_\_ Parish \_\_\_\_\_  
Do you affirm this person in his/her desire to attend this training? \_\_\_\_ yes \_\_\_\_ no  
What is your advice on a just amount of scholarship for this person? \$\_\_\_\_\_ Why?

**Parish Catechetical Leader:**  
Please fax/send this to the Office of Lifelong Faith Formation by **July 6** to be considered

Office Use Only:

Date Received: \_\_\_\_\_ Approved: Y / N      Approved Amount: \$\_\_\_\_\_      Initials: \_\_\_\_\_