

Name: _____

SACRED HEART YOUTH MINISTRY PROGRAM ASSISTANCE APPLICATION FORM

We are so grateful and blessed by the financial support from the community of Sacred Heart Church towards the youth ministry program. This application is due three weeks prior to the event date. Please return the completed application to the Coordinator of Youth Ministry.

- Program Assistance should only be requested if a legitimate financial need exists
- Program Assistance is for the applicant only
- **All applications for Program Assistance will be kept confidential.**
- The applicant may be expected to volunteer in the community as a way to “work off” the assistance. This work needs to be arranged & approved through the youth ministry office.

Name of Applicant _____ Date _____

Full Mailing Address _____

Age _____ Date of Birth _____ Phone _____

Member of Sacred Heart Church? Yes _____ No _____ If no, where? _____

For which event do you need the program assistance? _____

Date of event _____ (*note: application must be in at least 3 weeks before event*)

Briefly describe circumstances for need of scholarship (job layoff, health issues, lack of funds, etc.)

Youth: Please use the space below to **write a short paragraph** stating your reasons for wanting to attend this trip/ retreat/ event:

Name: _____

Generally, the maximum scholarship awarded will be for 80% of the total event cost. The minimum amount each family should expect to pay is usually 20% of the total event cost.

1. Total event application cost \$ _____

**Minimum Parent/Teen Contribution is 20% of Line #1
Maximum Scholarship is 80% of line #1**

2. Parent contribution, if any \$ _____

3. Teen contribution, if any \$ _____

4. Total of lines 2 & 3 (should equal at least of 20% of line #1) \$ _____

5. Scholarship amount needed (line 1 minus line 4) \$ _____

I understand if I am approved, I will arrange community service with the Coordinator of Youth Ministry. I also understand this is above and beyond the current volunteer ministry I am already a part of. (Current volunteer ministry will be taken into consideration) **Youth Initials Here:** _____

This form must be received 3 weeks before the event.

**** If the required minimum contribution presents a hardship to any family, please contact Chris at 519-734-7512 x3 ****

Youth Signature: _____

Parent Signature: _____ Date: _____

For office Use Only

_____ Approved Amount Awarded \$ _____

_____ Denied Reason for denial _____

_____ Youth Minister's Initials Date _____

Please return to: Chris Laforet * Sacred Heart Church * 219 Sacred Heart Drive * LaSalle, ON N9J 2S8