

DALLAS CATHOLIC YOUTH CONFERENCE 2018
YOUTH SCHOLARSHIP APPLICATION
DCYC 2018 → FEB 23-25

Scholarships are intended to provide financial assistance to teens who might not be able to attend without the funds provided. Scholarships will be distributed based on individual need and not on parish/school need.

★All Scholarship Applications must include an original one-page (400 - 500 word) essay based on the following prompt:

Please share how you feel your active participation in DCYC 2018 will enrich and strengthen your faith. Also share any special circumstances you would like to have considered to explain your need for this scholarship.

Please type or clearly print essay on a separate sheet of paper and attach to application.

**ALL COMPLETED APPLICATIONS AND ESSAYS ARE DUE
TO ALISON SUNDAY, DECEMBER 3.**

Please disregard the deadline listed on the application.

Please reach out to me with any questions:

Alison Wire

St. Patrick Youth Ministry Director

a.wire@stpatrickdallas.org

214-343-0222

**DALLAS CATHOLIC YOUTH CONFERENCE 2018
YOUTH SCHOLARSHIP APPLICATION
Office of Youth, Young Adult, and Campus Ministries
APPLICATION DEADLINE: NOVEMBER 2, 2017**

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR PARISH YOUTH MINISTER. PLEASE BE SURE TO SIGN THIS FORM AND TO ALSO HAVE THIS FORMED SIGNED BY YOUR PARENTS AND YOUR YOUTH MINISTER.

Youth Participant's Name: _____

Participant's Address: _____

City: _____ Zip Code: _____ Phone: _____

Grade (2017/2018): _____ Date of Birth: _____

Parish: _____

Name of Parish Youth Minister/Pastor: _____

Will this be your first year to attend DCYC? Yes No

PLEASE NOTE THAT SCHOLARSHIPS ARE AVAILABLE FOR FIRST TIME ATTENDEES ONLY

Are you involved in any parish ministries (Youth Group, Lector, Altar Server, Eucharistic Minister, etc.)? If so, what ministries are you involved in currently? Please list below.

I have discussed DCYC with my Pastor/Youth Minister and requested financial aid for DCYC 2018 registration.

Signature of Applicant: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Pastor/Youth Minister: _____

Date: _____

For Office Use Only		
Date Received: _____	Awarded: _____	Denied: _____