



THE EPISCOPAL DIOCESE OF NORTH CAROLINA

Office of Youth Ministry

Scholarship Application

Name: _____

Address: _____

City/St/Zip: _____

Home Phone: _____

Email Address: _____

For which youth event are you requesting scholarship money? _____

How much is the total cost of this event? _____

How much are you able to pay? _____

Have you requested financial help from your parish or any other group? _____. If so,
how much? _____

How have you tried to raise some of this money yourself? _____

Are you willing to help raise some money with the diocesan youth program to contribute
to the Youth Scholarship Fund? _____

Have you received scholarship funding from the diocese before? _____ If so,
what for? _____

Please return this form to the address below by May 1st, 2008

200 W. MORGAN ST. SUITE 300 RALEIGH, NORTH CAROLINA 27601-1338
(800) 448-8775 (919) 934-7474 EXT.231 FAX: (919) 834-7553
BETH.CROW@EPISDIONC.ORG
WWW.EPISDIONC.ORG/YOUTH