



**2019 Christian Leadership Institute (CLI)
Application for Need-Based Scholarship**

Please return this form to your DRE/Youth Minister and your Pastor.
Scholarship applications must be received to the Office of Faith Formation
by **Friday, June 14, 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 CLI is **\$265.00** which includes materials, meals, snacks and five 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 leadership training? How will you apply what you learn to your parish, school and/or community? _____

_____ *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 CLI? _____ 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 CLI 2018 Registration to:

CLI 2019
 c/o RoseMary Saraiva
 Office of Faith Formation
 423 Highland Ave.
 Fall River, MA 02720
 Fx: 508-675-3864