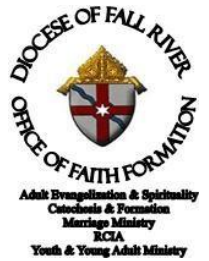




**2020 YES! Retreat**  
**Application for Need-Based Scholarship**  
 Please return this form to your DRE/Youth Minister and your Pastor.  
 Scholarship applications must be received by the Office of Faith Formation  
 by **Friday, February 28, 2020**



**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 YES! is **\$165.00** which includes meals, snacks and two 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 retreat experience? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
*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 the YES! Retreat? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Is the parish able to contribute any monies to the registration fee? \_\_\_\_\_ YES \_\_\_\_\_ NO How much? \$ \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
*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 YES! Retreat Registration to:**  
 YES! Retreat  
 c/o Rose Mary Saraiva  
 Office of Faith Formation  
 423 Highland Ave.  
 Fall River, MA 02720  
 Fax: 508-675-3864