EVENT FOR WHICH AID IS REQUESTED: **NCYC 2019**

DATE OF EVENT: **November 21-23, 2019**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF TEEN: |  | | | | | | | | | |  |
| ADDRESS: |  | | | | | | | | | |  |
| CITY: |  | | STATE: | |  | | ZIP: | |  | |  |
| CELL PHONE #: |  | |  | |  | | | | | |  |
| EMAIL: |  | | |  | GRADE: |  | AGE: |  | |  | |
| TEEN’S PARISH |  | | |  | LOCATION: |  | | | | |  |
|  |  |  | | |  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *PARENT/GUARDIAN INFORMATION:* | | | | |
| NAME: |  | | |  |
| CELL PHONE: |  | | |  |
| EMAIL: |  | | |  |
| SIGNATURE OF PARENT/GUARDIAN: | Click here to enter text. | DATE: |  |  |
|  | | | | |

Teen Applicant to complete #1 and #2 in this section *(Pastoral Leader or Youth Minister completes #3)*:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. AMOUNT OF FINANCIAL AID REQUESTED: | $ |  |  |
| 1. AMOUNT FAMILY CAN CONTRIBUTE TOWARD COST OF THIS EVENT: | $ |  |  |
| 1. *AMOUNT PARISH CAN CONTRIBUTE:* | $ |  |  |
|  | | | |

Teen Applicant: Please complete the 3 questions on the next page. Be sure to enter your name (first and last) in the appropriate field. Send both your completed questionnaire (Page 2) AND this registration to your Parish Pastoral Leader/Youth Minister by **April 1, 2019**.

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Question for Parish Pastoral Leader/Youth Minister: Please include a brief statement about this applicant and why she/he should receive aid. Also, please indicate what financial support the parish can provide *(#3 above*) for this young person and return both the teen response and this application to our office by **April 20, 2019**.

Return to: Leslie Barkin

Youth Ministry Advocacy Fund

1150 Buffalo Road

Rochester, NY 14624

|  |  |  |
| --- | --- | --- |
| *Office Use Only* | Amount Granted: | $ |

NCYC 2019 TEEN APPLICANT FIRST AND LAST NAME: Click here to enter text.

TEEN APPLICANT’S PARISH/LOCATION: Click here to enter text.

**Q1: Why do you feel it is important for you to participate in this event? What do you hope to gain from this experience?**

**Answer1:** Click here to enter text.

**Q2: How will you share what you gain from this event with your community?**

**Answer2:** Click here to enter text.

**Q3: Why do you need assistance to attend this event?**

**Answer2:** Click here to enter text.