



Office of Lifelong Faith Formation
510 Ocean Ave.
Portland, ME 04103
Phone: 207-773-6471
Fax: 207-773-0182

Financial Aid Form

EVENT INFORMATION: *This form should be submitted to the OLFF via e-mail (Maureen.Provencher@PortlandDiocese.org), fax (773-0182), or mail. Forms must be **received by April 5th** to be considered.*

EVENT NAME: **Catholic Youth Convention 2017** LOCATION: **Samoset Resort, Rockport**

DATE(S): **April 21-23, 2017**

COST: **For youth: \$250 (Quad/Triple)**

For adults: \$250 (double), \$350 single

***It is recommended that the financial cost of the event be supported by the parish, some fundraising efforts, and by the family. We are fortunate to be able to provide diocesan assistance, up to 1/3rd of the total cost, when necessary, for youth participation.**

PARTICIPANT SECTION:

The following section must be filled out COMPLETELY by the person requesting financial aid.

NAME: _____ BIRTH DATE: _____ GRADE: _____

E-MAIL: _____ PHONE #: _____

PARISH: _____ PARISH CITY: _____

1. How much of the registration fee will you/your family contribute? \$ _____

2. Please briefly explain why you are in financial need. _____

3. What do you hope to gain from this experience? How will you apply/use what you learn? _____

PARISH LEADER RECOMMENDATION:

The following section must be filled out COMPLETELY by a pastor or parish catechetical leader.

NAME: _____ POSITION IN PARISH: _____

E-MAIL: _____ PHONE #: _____

1. How much of the registration fee will the parish contribute for this person? \$ _____

2. Do you think the amount of financial aid requested accurately reflects this person's financial need? yes no

3. Please explain why you believe this person should receive Diocesan financial aid? _____

OLFF Use Only: Date Received: _____ Approved: Y / N Approved Amount: \$ _____ Initials: _____



ed 2.12.2015

Office of Lifelong Faith Formation
510 Ocean Ave.
Portland, ME 04103
Phone: 207-773-6471
Fax: 207-773-0182

Financial Aid Form