



Scholarship Application Form

Date of Request: _____

Participant's Name: _____

Complete Address: _____

Email address _____

Telephone Number: _____ (Cell) _____ (Home)

Church Name: _____

Name of Event: _____

Date of Event: _____ Cost of Event: \$ _____

Sources I Have Checked for Assistance

- My Parish Rector has agreed to pay \$ _____
- Other Sources has agreed to pay \$ _____
- I will pay \$ _____
- Amount of Scholarship Requested \$ _____

(Please note: a \$25.00 non-refundable deposit applies for Cursillo Weekends.)

Participant's signature: _____

Please send completed form to:

The Reverend Dr. Mary Ellen Cassini
19740 Cutler Court
Cutler Bay, FL. 33189

Diocesan Spiritual Director's approval: _____

Please return signed form to Registrar:

Arlene Brammer
4473 SE Heartwood Trail
Stuart, FL. 34997
Telephone / Fax: (772) 286-9061
Cell: (772) 285-7375
E-Mail: gobux29@att.net