

CURSILLO SWFL SCHOLARSHIP REQUEST FORM

1. Please indicate which Cursillo Weekend you are applying for by circling the appropriate month/season.

Feb/Spring

May/Summer

Oct/Fall

2. Name of person needing scholarship assistance. _____

3. Parish _____

4. Is this person a Pilgrim or Team Member? Circle one.

5. Amount contributed by this individual \$ _____

6. Amount contributed by the parish community \$ _____

7. Amount requested as scholarship \$ _____

8. Notes of explanation if amount requested is more than 50% of the total weekend cost.

9. Name and signature of parish rector/clergy making this request.

Printed Name

Signature