



APPLICATION FOR FINANCIAL AID FOR LEADERSHIP ENRICHMENT

APPLICANT INFORMATION

Date: _____

Name _____

Address _____ City _____ State _____

ZIP _____ E-mail address _____

Phone: Home _____ Cell _____

Are you a member of the National Association? Y___ N___ SonFlower Region of CGS? Y___ N___

INFORMATION ON EVENT FOR WHICH YOU ARE REQUESTING FINANCIAL AID

Event Name _____ Beginning Date _____

Sponsoring Group, e.g., National Association, NAMTA _____

Location _____ Cost \$ _____ Other Expenses _____

Registrar _____ Phone _____ E-mail _____

INFORMATION ON APPLICANT'S FUNDING

Please list the amount(s) and source(s) of your current funding, e.g., \$50 from parents, \$150 from parish: _____

Please list the amount(s) and source(s) of any other financial support you may be requesting to help defray the costs of your formation, e.g., \$100 National Association, \$50 Knights of Columbus. _____

Financial aid requests will be evaluated by the Financial Aid Committee of the SonFlower Region of Catechesis of the Good Shepherd. Awards are based on need and a commitment by the recipients to serve in the work and to invest in their own formation. Please prayerfully discern how much financial aid you need and understand that the region cannot pay full tuition as funds are limited. State the amount you're requesting and a short description of your reasons. _____

Please share with us how you plan to use the skills/knowledge gained from this enrichment experience. Provide a short description of the expected blessings you'll share with your fellow catechists in the SonFlower Region. _____

Submit application no later than one month before the deposit deadline for your event to
Cathe Sienkiewicz, 5610 Trego Road, Atchison, KS 66002; csienkiewicz@gmail.com; 913-370-4454