

# For Youth By Youth Scholarship

## Paper Application (submit online at [diocesehelena.org/fyby](http://diocesehelena.org/fyby))



The For Youth By Youth Scholarship (FYBY) was created by the CYC Board to foster a community of believers with equal access to OYYAM programs. It was established and continues to be funded through the generous stewardship of both youth and adults. Funds are dispersed based on need and participation in a local parish, with preference given to youth in grades 6-12. The FYBY Scholarship provides up to 50% of the registration cost of an OYYAM event. We encourage the local parish to also assist financially towards the cost.

### APPLICANT (YOUTH) INFORMATION

First Name:		Last Name:	
Email:		Grade:	Date of Birth:
Mailing Address:		City/Town:	
Zip:	Phone:	Parish/School Name:	
Parent/Guardian Name:		Parent/Guardian Phone:	
Parent/Guardian Email:			

### QUESTIONS FOR APPLICANT:

Name & Date of event for which you are seeking financial assistance:	
Have you ever applied for a FYBY Scholarship before? If "yes," when, for which event(s), and how much were you awarded?	
Please list other OYYAM events you are planning to or have already participated in <i>this</i> year?	
Do you have siblings who will participate in OYYAM events <i>this</i> year? If yes, which event(s) and will they apply for a FYBY scholarship?	

### FINANCIAL NEED DECLARATION (THIS IS A NEED-BASED SCHOLARSHIP.)

I declare that the cost of this event would be a financial burden to my family? (circle one)	I Agree ----- I Disagree
Would you be able to participate in this event if you do not receive any FYBY scholarship aid? (The maximum award is 50% of the registration fee)	Yes ----- No ----- Maybe
On a scale of 1-10, how likely are you to participate in this event if you DO NOT receive any FYBY scholarship funds? (1=Not Likely; 10=Very Likely)	

### PARISH OR SCHOOL CONTACT (YOUTH MINISTER, PASTOR, PRINCIPAL OR OTHER RELEVANT ADULT)

First Name:	Last Name:
Title/Role:	Phone:
Email:	

### Statement of Intent:

In a few sentences, please describe why you want to attend the event and how you hope the experience will help grow your faith.

\_\_\_\_\_  
Youth Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

By signing, you confirm that the information provided is accurate and true.