



**Scholarship Application Form**

**Please Note: The form must be completed and turned in one month prior to the event.**

Date of Request: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Church Name: \_\_\_\_\_ Church Location \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Cost of event: \_\_\_\_\_

**Sources I Have Checked for Assistance**

My Parish Rector has agreed to pay	\$ _____
Other Sources have 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 Bernard J. Pecaro  
St. Martin  
140 SE 28 Ave.  
Pompano Beach, FL 33062  
Diocesan Spiritual Director's approval: \_\_\_\_\_

**Please return signed form to Registrar:**

Arlene Brammer  
4473 SE Heartwood Trail  
Stuart, FL 34997  
Telephone: 772-286-9061  
Cell: 772-285-7375  
e-mail: gobux29@att.net