

Scholarship Application Form



Date of Request _____

Participant's Name _____

Complete Address _____

Telephone _____ E-mail _____

Church Name _____

Date of Event _____

Cost of Event \$ _____

Sources I Have Checked for Assistance

My Parish Rector has agreed to pay \$ _____

Other sources will pay \$ _____

I will pay \$ _____

Amount of scholarship requested \$ _____

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

Participant's signature _____

Send Completed Form To:

Rev. Bob Sullivan
Holy Spirit Episcopal Church
1003 Allendale Road
West Palm Beach, Florida 33405
Tel: 561-833-7605 (office)
561-833-2363 (Fax)

Diocesan Spiritual Director's approval: _____

Please Return Signed Form To:

Audrey Coombs
1713 SW Haylake Ave
Port St. Lucie, Florida 34953
Tel: 772-807-5694