



Office of Lifelong Faith Formation  
 510 Ocean Ave.  
 Portland, ME 04103  
 Phone: 207-773-6471  
 Fax: 207-773-0182  
 www.olffmaine.com

**Youth Financial Aid Form**

**EVENT INFORMATION:** *This form should be submitted to the OLFF via e-mail ([Maureen.Provencher@PortlandDiocese.org](mailto:Maureen.Provencher@PortlandDiocese.org)), fax (773-0182), or mail. Forms must be **received by 5pm on October 31st** to be considered.*

EVENT NAME: **Journey Retreat 2016**      LOCATION: **St. Dom's Regional H.S., Auburn, ME**  
 DATE(S): **November 18-20, 2016**      COST: **\$100 per participant**

**\*It is recommended that the financial cost of the event be supported by the parish, some fundraising efforts, and by the family. We are fortunate to be able to provide diocesan assistance, up to 1/3<sup>rd</sup> of the cost, when needed for youth participation.**

**PARTICIPANT SECTION:**

*The following section must be filled out COMPLETELY by the person requesting financial aid.*

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PARISH: \_\_\_\_\_ PARISH CITY: \_\_\_\_\_

1. How much of the registration fee will you/your family contribute? \$ \_\_\_\_\_ (an amount is expected, even if small)
2. Please briefly explain why you are in financial need. \_\_\_\_\_  
 \_\_\_\_\_

3. What do you hope to gain from this experience? How will you apply/use what you learn? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARISH LEADER RECOMMENDATION:**

*The following section must be filled out COMPLETELY by a pastor, YM Coordinator or Parish Catechetical Leader.*

NAME: \_\_\_\_\_ POSITION IN PARISH: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

1. How much of the registration fee will the parish contribute for this person? \$ \_\_\_\_\_
2. Do you think the amount of financial aid requested accurately reflects this person's financial need?  yes  no
3. Please explain why you believe this person should receive Diocesan financial aid? \_\_\_\_\_  
 \_\_\_\_\_

<b>OLFF Use Only:</b> Date Received: _____ Approved: Y / N Approved Amount: \$ _____ Initials: _____
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