

Diocese of Davenport NCYC Scholarship Application

For youth who are in need of financial assistance.

Please return this form to your NCYC Group Leader by _____, 2026.

TO BE FILLED OUT BY THE YOUTH - PLEASE TYPE OR PRINT CLEARLY

NAME _____ Current GRADE _____

PARISH & PARISH TOWN _____

EMAIL ADDRESS _____

ADDRESS _____ PHONE (____) _____ ☐ cell ☐ home

CITY _____ STATE _____ ZIP CODE _____

PARENT/S NAME _____

Scholarships amounts are either \$290 or \$145. Group leaders will be informed of any awards. Scholarships are not a cash award, they will appear as a credit on the parish's account.

Please indicate the scholarship amount you seek: ☐ \$290 ☐ \$145 ☐ Either

These scholarships are provided for those needing financial assistance. Please provide a brief explanation of why you seek/need this assistance.

If you do not receive any assistance, will you still be able to attend NCYC? ☐ Yes ☐ No ☐ Maybe
Please explain:

Is this your first NCYC? ☐ Yes ☐ No

Why do you want to attend NCYC? What do you hope to gain from this experience?

PARISH RECOMMENDATION Group Leader Name _____

Do you affirm this person in his/her desire to attend this program? ☐ Yes ☐ No **Please explain why.**

What is your recommendation for this scholarship? ☐ \$290 ☐ \$145 ☐ Either

Email jacobsenm@davenportdiocese.org or mail this form by **November 2, 2026** to:

Office of Faith Formation, NCYC, 780 W. Central Park Avenue, Davenport, IA 52804.