



**Vincentian Marian Youth Southeast Missouri**

**Financial Assistance Application**

751 Center Dr.

Ste. Genevieve, MO 63670

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Date of Birth\_\_\_\_\_ Graduation Year\_\_\_\_\_

Cell Phone\_\_\_\_\_ Home Phone\_\_\_\_\_

Email\_\_\_\_\_

Amount Requesting\_\_\_\_\_

What do you think you will bring to this experience?

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What do you hope to gain from this experience?

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Explain why you need the financial assistance.

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**Please note: Applying for this scholarship does not guarantee financial assistance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date