

**CANDIDATE  
WEEKEND SCHOLARSHIP  
REQUEST FORM**

**NAME**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**PHONE**\_\_\_\_\_ **E-MAIL**\_\_\_\_\_

**PARISH**\_\_\_\_\_

**AMOUNT REQUESTED (not to exceed \$75.00)**\_\_\_\_\_

I verify that I have checked with my local parish and/or Cursillo Community for financial assistance **before** requesting scholarship funds from the Cursillo Commission.

**SIGNATURE**\_\_\_\_\_

**Mail this Scholarship Request to:**

**Joe Welch, Cursillo Commission Treasurer  
1821 College Park Drive  
Tavares FL 32778-5777**

**It must be received 3 weeks prior to the weekend. If it is not received by that date, it will not be honored.**