

**CANDIDATE
WEEKEND SCHOLARSHIP
REQUEST FORM**

NAME_____

ADDRESS_____

PHONE_____ **E-MAIL**_____

PARISH_____

AMOUNT REQUESTED (\$75.00 for the 3 Day, \$50.00 for the 2 Day) _____

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:

**Gary Swedberg, Cursillo Commission Treasurer
30520 Gidran Terrace
Mount Dora, FL 32757**

Application cutoff date is 2 weeks prior to the Cursillo weekend. If it is not received by that date, it will not be honored.