



## **NCYC 2025 Scholarship Application Information**

### **Archdiocese of Philadelphia**

The Office for Ministry with Youth (OMY) of the Archdiocese of Philadelphia will provide two ways of applying for financial assistance for those traveling to the National Catholic Youth Conference (NCYC). Since financial assistance is commonly sought, the OMY has developed the following conditions that must be met to qualify for a possible scholarship:

- a. **Qualifies for free or reduced-price school lunch**  
\*\$300 low-income scholarship
- b. **Needs funds due to a significant hardship**  
(eg. Loss of income, spiritual need, family issues, etc.)  
\*\$150 hardship scholarship

**Also, applicants must be able to explain** how attending NCYC will benefit themselves and their parish/school/ministry group.

#### **Process:**

- 1. Each applicant is to complete the application form below.  
A different form is required for each applicant. There are forms in English and in Spanish available.
- 2. Send completed form postmarked by **June 1, 2025** (with signatures) to:

**Office for Ministry with Youth  
NCYC 2023 Scholarship  
222 N. 17<sup>th</sup> Street  
Philadelphia, PA 19103**

- 3. Application will be reviewed to ensure that applicant qualifies.
- 4. Qualifying applicants' groups will be credited for their September payments.
- 5. Group Leaders and their applicants will be **notified of the results by September** the latest.
- 6. **\*If more people qualify for scholarships than there are scholarships available**, per the above amounts (\$300 and \$150), the OMY will divide the money available to discount all applicants. This will result in lower award amounts per applicant.
- 7. The decisions of the OMY in awarding these funds are final.
- 8. If funds are still available after the June 1 deadline, they will be allocated to qualifying applicants in the order the applications are received.



# NCYC 2025 Scholarship Application

## Archdiocese of Philadelphia

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parish/School/Ministry Group \_\_\_\_\_ City/Town \_\_\_\_\_

The Parish, School or Ministry Group that you will be going to NCYC with.

Qualification: (please mark all that apply)

1. \_\_\_ Low-Income Family

If marked, do you receive free or reduced-price lunch? Yes No

2. \_\_\_ Significant Hardship

If marked, please describe the nature of the hardship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On a separate sheet of paper, please describe how your attendance will benefit you and your parish/school/ministry group. (please limit responses to 300 words or less)**

I, \_\_\_\_\_ agree to use the opportunity to attend NCYC to  
Participant Signature  
improve myself, my parish/school/ministry group, and the Archdiocese of Philadelphia in any way  
I can.

I, \_\_\_\_\_ certify that all statements on this form are true  
Print Parent/Guardian Name  
to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature Date

Send completed form by **June 1, 2025** to:

Office for Ministry with Youth  
NCYC 2023 Scholarship  
222 N. 17<sup>th</sup> Street  
Philadelphia, PA 19103

For Office Use Only:

\_\_\_ Approved  
\_\_\_ Low Income  
\_\_\_ Hardship  
\_\_\_ Not Approved

Group Code: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_



## NCYC 2025 Aplicación de Beca

### Arquidiócesis de Filadelfia

Nombre de Participante \_\_\_\_\_

Dirección \_\_\_\_\_

Ciudad/Pueblo \_\_\_\_\_ Código postal \_\_\_\_\_

Teléfono \_\_\_\_\_ Correo Electrónico \_\_\_\_\_

Grupo Parroquial/Escuela/Ministerio \_\_\_\_\_ Ciudad/Pueblo \_\_\_\_\_

La parroquia, escuela o grupo ministerial con el que irá a NCYC.

Calificación: (marque todo lo que corresponda)

1. \_\_\_\_ Familia de bajos ingresos  
Si está marcado, ¿recibe almuerzo gratis o a precio reducido?      Sí      No

2. \_\_\_\_ Dificultades significativas  
Si está marcado, describa la naturaleza de la dificultad: \_\_\_\_\_

**En una hoja de papel aparte,** describa cómo su asistencia lo beneficiará a usted y a su parroquia/escuela/grupo ministerial. (limite las respuestas a 300 palabras o menos)

Yo, \_\_\_\_\_ acepta aprovechar la oportunidad de asistir a  
Firma del participante

NCYC para mejorarme a mí mismo, a mi parroquia/escuela/grupo ministerial y a la Arquidiócesis de Filadelfia de cualquier manera que pueda.

Yo, \_\_\_\_\_ certifico que todas las declaraciones en este  
El nombre del padre/tutor escrito  
formulario son verdaderas según entiendo.

\_\_\_\_\_  
Firma del Padre / Tutor

\_\_\_\_\_  
Fecha

Envíe el formulario completo **antes del 1 de junio de 2025** a:

Office for Ministry with Youth  
NCYC 2023 Scholarship  
222 N. 17<sup>th</sup> Street  
Philadelphia, PA 19103

Sólo para uso de oficina:

\_\_ Approved  
    \_\_ Low Income  
    \_\_ Hardship  
\_\_ Not Approved

Group Code: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_