



Catholic Youth Broken Bay

## Financial Assistance Agreement

<i>Last Name</i>		<i>First Name</i>	
<i>Address</i>			
<i>Home Phone</i>		<i>Mobile</i>	
<i>Email</i>			
<i>D.O.B.</i>		<i>Age at 08/Dec/2019</i>	

If applicable, which school do you attend:

\_\_\_\_\_

I, \_\_\_\_\_, wish to apply for financial assistance from the parish to participate in the Catholic Youth Broken Bay Pilgrimage to ACYF Perth 2019.

As a recipient of fundraising benefits:

- I commit to assisting in ACYF fundraising events throughout the year
- I commit to assisting with a parish/school community building and fundraising event after ACYF 2019
- I acknowledge that receiving financial support is a commitment to continued and ongoing participation in community life of the parish/school.
- I understand that the Parish Priest/school Principal will decide on the percentage of financial support that I receive from fundraising efforts.

The Parish Priest/Principal of the Parish/school will review all applications. Their decision on the outcome of individual recipients of financial support will be final.

Name:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_