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## DCYC SCHOLARSHIP INFORMATION

The Diocese of Austin would like to offer the youth of the diocese the opportunity to participate in the Diocesan Catholic Youth Conference (DCYC) experience with the assistance of their families and parish. It is with this commitment and contribution from our scholarship fund that we would like to give young people an opportunity to apply.

### CRITERIA

- Scholarships are awarded toward the registration cost **ONLY** per program/event.  
*This does not include housing, travel, or meals (unless included in registration costs).*
- Due to the fact that the number of scholarships is limited, each parish can be granted no more than five scholarships.
- Application Deadline is **January 5, 2021**; forms received after this date will not be considered.
- Scholarship forms must be completed and returned to the Diocese of Austin using the address below.
- Scholarship awards are non-transferable.
- Late fees or substitution fees are not included in scholarship awards.
- Adult chaperones may apply; however, funds are typically held for high school students.

### APPLICATION PROCESS

Each youth who would like to be considered for a DCYC Scholarship must be registered for DCYC.

Each application must be signed by the participant, parent/guardian and pastor.

One application may be used to submit multiple students however each student is required to submit an individual paragraph of intent.

The Diocese of Austin must receive the original DCYC Scholarship Application Form. Please send the form, via email, [tressi-breecher@austindiocese.org](mailto:tressi-breecher@austindiocese.org) or via mail:

Diocese of Austin  
YYACM – DCYC  
6225 E 290 HWY SVRD EB  
Austin, Texas 78723

# DCYC SCHOLARSHIP APPLICATION

Parish \_\_\_\_\_  
Name City

Pastor \_\_\_\_\_

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

Address \_\_\_\_\_  
Street City, State, Zip

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

Youth Minister Name \_\_\_\_\_

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

How much is being requested from DCYC?  
(Can be no more than \$65)

\$ \_\_\_\_\_

How much is the parish contributing?

\$ \_\_\_\_\_

How much are you able to contribute?

\$ \_\_\_\_\_

In a paragraph share how this particular program will assist you, the participant, through your attendance and active participation. (Please attach paragraph to this form)

**I understand that failure to fully participate in or attend DCYC will result in my being ineligible to apply for future scholarship assistance.**

\_\_\_\_\_  
Participant Signature Date

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

\_\_\_\_\_  
Pastor Signature Date