**2019 Rural Life Scholarship Form**

1. Name, title, address, phone number and email address of nominator (can be Parish Staff, Pastor or High School Counselor/Teacher).

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Address |  |
| City, State, Zip |  |
| Phone Number |  |
| Email Address |  |

2. Name, address, phone number, email address and parish of nominee/applicant.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, State, Zip |  |
| Phone Number |  |
| Email Address |  |
| Parish |  |

3. What is the nominee/applicants involvement in the parish? If more space is needed, please use the back. (Examples: server, choir, lector, RE, picnic, child care, maintenance, youth group, mission trip, etc.)

|  |  |  |
| --- | --- | --- |
| **Parish Involvement** | **# of Years** | **Brief Description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

4. What degree related to agriculture does the nominee/applicant plan to study and where do they plan to study the degree related to agriculture?

|  |  |
| --- | --- |
| **Degree/Program** | **School**  |
|  |  |

**Pastor/Pastor Leader Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please send completed scholarship forms by Wednesday, March 1, 2019 to:***

Gabriela Chavez

Parish Mission Planning

Diocese of Green Bay PO Box 23825

Green Bay WI 54305-3825 or email at gchavez@gbdioc.org