



Office of Marriage & Family Life
Marriage Preparation Scholarship Form

GROOM'S INFORMATION:

1. Name _____
2. Address _____

3. Daytime Phone Number _____
4. Evening Phone Number _____
5. E-Mail Address _____
6. Age _____
7. Religion _____

BRIDE'S INFORMATION:

1. Name _____
2. Address _____

3. Daytime Phone Number _____
4. Evening Phone Number _____
5. E-Mail Address _____
6. Age _____
7. Religion _____

WEDDING INFORMATION:

1. Date of Wedding _____
2. Location _____
3. Preparing Priest/Deacon _____
4. Parish of Preparing Priest/Deacon _____

SCHOLARSHIP INFORMATION:

1. We are requesting a scholarship for the following programs...
(Check all that apply)
 - a. *God's Plan for a Joy-Filled Marriage One-Day Workshop*
(1/2 scholarship)
 Date of Workshop _____
 - b. *Catholic Engaged Encounter Retreat Weekend*
(1/2 scholarship)
 Date of Retreat _____
 - c. *Couple to Couple League Natural Family Planning Classes*
 Dates of First Class _____

2. Please provide the following information concerning NFP Classes:
 (*Please note, Scholarships for marriage preparation workshops other than NFP are contingent upon registration for NFP classes*)

- Dates of NFP Classes _____
- Location of NFP Classes _____
- Name(s) of NFP Teacher(s) _____

SIGNATURES:

Groom & Bride

We hereby request a (the) scholarship(s) to attend the aforementioned marriage preparation programs in the Archdiocese of Denver. We also certify that without the requested scholarship(s) we would not be able to afford the registration fee(s).

 Groom's Signature

 Date

 Bride's Signature

 Date

Preparing Priest/Deacon

I hereby certify that I am preparing the abovementioned couple for marriage preparation and that said couple has a real financial need for the requested scholarships.

 Priest/Deacon

 Date

SCHOLARSHIPS WILL NOT BE GRANTED TO ENGAGED COUPLES WITHOUT SIGNATURE OF PRIEST/DEACON

PLEASE MAIL COMPLETED FORM TO:

Mail: Office of Marriage & Family Life
 ATTN: Coordinator
 1300 S. Steele St.
 Denver, CO 80210 - 2599

FOR OFFICE USE ONLY			
Scholarship(s) Granted:	Y _____	N _____	Date _____
Couple Contacted:	Y _____	via Phone/Email	Date _____
Coordinator Signature	_____		Date _____
Director Signature	_____	2 _____	Date _____