



Teens Encounter Christ  
Archdiocese of Omaha  
Scholarship Application

*Attach to Weekend Application*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade and School: \_\_\_\_\_

Parish: \_\_\_\_\_

Why do you want to go on a TEC Retreat?

Why do you need financial assistance?

How much can you financially contribute towards your attendance of this weekend?

Campus Minister/Youth Minister/Pastor Comments:

Signed by one of the above: \_\_\_\_\_

**Please note:** Please have the person who signs this application mail it along with the TEC weekend application to the address listed below at least two weeks before the weekend.

Office of Religious Formation  
P.O. Box 4130  
Omaha, NE 68104