

Called to Lead

1 Tim. 4:12



Catholic Leadership Institute

Archdiocese of Omaha

Scholarship Application

Attach to Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Grade and School: _____

Parish: _____

Why do you want to go CLI?

Why do you need financial assistance?

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

(Participants are encouraged to pay some amount and the parish/school match whatever scholarship request is being made of the Archdiocese. For example: Archdiocese and parish/school pay \$67 each and participant pays \$67).

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 CLI application to the address listed below.

Catholic Faith Formation Office
P.O. Box 4130
Omaha, NE 68104