



## 2018 Financial Assistance Form

The deadline for Financial Assistance requests is **February 26, 2018**

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you already submitted an application for Vision 2018?  Yes Order # \_\_\_\_\_  No

Are you part of a group?  Yes Group Organizer: \_\_\_\_\_  No

### Assistance Information

The full price of Vision 2018, including deposit, is \$475/person. Two standard discounts are available. Would you (the applicant) be able to take advantage of either or both of these discounts?

- |   |     |    |
|---|-----|----|
| - \$25 off for signing up as part of a group of five or more: | Yes | No |
| - \$25 off for signing up on or before March 31, 2018         | Yes | No |

In addition to the discounts listed above, how much assistance are you requesting?

Between \$ \_\_\_\_\_ and \$ \_\_\_\_\_

Please note: Due to limited funds, it is not likely that any applicants will receive the full cost of the program. Lower monetary requests will enable us to disperse assistance to a greater number of applicants in need.

### Additional Information

From which city & state will you be traveling to Notre Dame? \_\_\_\_\_

How will you be traveling (e.g., plane, car, train, etc.)? \_\_\_\_\_

What do you estimate will be your total travel cost? \_\_\_\_\_

From which groups have you asked for financial assistance, if any, and how much aid did each provide? (e.g., Knights of Columbus, Serra Club, parish, diocese, high school, local Notre Dame club, etc.):  
\_\_\_\_\_

## **Additional Information (Continued)**

Please describe why you want to attend Vision 2018: (feel free to use an additional sheet)

Please briefly describe the nature of your particular financial hardship in paying the Vision registration fee: (for example: limited youth group funds, particular family hardship, travel cost, other summer activities, school tuition, etc. --- feel free to use an additional sheet)

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\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

Please send this completed form to  
**Notre Dame Vision**  
**RE: Financial Assistance**  
**334 Geddes Hall**  
**Notre Dame, IN 46656**