



**Dominican Center Marywood
at Aquinas College**

a ministry of Dominican Sisters-Grand Rapids

Eichhorn Scholarship Request

Thank you for requesting financial support to participate in a program at Dominican Center Marywood. In order for us to process the application, please complete the following and return it a minimum of 2 weeks prior to the beginning of the program. Our scholarships are limited to \$50-\$200 per request. Please return this form to Sr. Diane Zervas, Spirituality Director of Dominican Center Marywood at dzerfas@dominicancenter.com. After reviewing your application, Sr. Diane will schedule to meet with you to discuss the scholarship, payment plans, and other options. Thank you for your interest in participating in Dominican Center Marywood's programs.

Name of Applicant		Date	
Title of Program		Program Fee	
Address of Applicant		Email Address	
City	State	Zip Code	Phone Number

The Eichhorn Scholarship is available to those needing financial assistance. To assess need, please answer the following:

- On an additional page, please share the reasons you are interested in attending the program for which you are applying AND the reason why you are requesting financial assistance?
- **Payment Plan:** The registration fee can be paid in monthly payment increments. The full registration fee will need to be paid by July 31. Please indicate how much you will be able to pay a month, to have the fee paid by July 31. Amount: \$_____ Starting Month: _____
- Is there a church or organization that you are affiliated with, that can contribute to paying for the registration fee? If so, please complete page 2 of this application.

For Dominican Center at Marywood use only:

Dominican Center Marywood agrees to award
an Eichhorn Scholarship for \$_____

Director, Dominican Center Marywood
Signature: _____

Date: _____

Please note that this is a 2-page document. See the next page for the Matching Grant Request.



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Matching Grant Application

Dominican Center will match, dollar-for-dollar, a contribution from a third-party donor up to \$200.00. For us to process the application and make final decisions, please complete the following and return it a minimum of 2 weeks prior to the beginning of the program. Please return this form to Sr. Diane Zerfas, Spirituality Director of Dominican Center Marywood at dzerfas@dominicancenter.com. Thank you for your interest in participating in Dominican Center Marywood's programs.

Name of Applicant		Program Fee	
Title of Spiritual Formation Program		Matching Grant	
Name of Church/Organization		Address	
City	State	Zip Code	
Signature of Pastor/Minister/Administrator		Date	
Contact Person		Phone Number	

Please check one:

- ☐ Check included
☐ Church/Organization to be billed by Dominican Center

For Dominican Center at Marywood:

Dominican Center agrees to provide a matching grant of \$ for the year .

Signature of Director of Dominican Center at Marywood

Date

