

www.loyolainstitute.org

Financial Assistance Application

Please type or print in black or dark blue ink and provide all information requested.

Your Personal Inforr Last Name	formation First Name			Middle			
					☐ Mr. ☐ Mrs.	☐ Ms. ☐ Othe	r
Mailing Address	Street	Apt. No.		City:			Code
Daytime/Mobile Number Email Ad			Address		Today's Date		
Parish / Church				Pastor / Minister			
Financial Assistance Information							
Name of LIS Program for which Financial Assistance is being requested:							
Program Date(s) Total Cost of Program Have we given you financial assistance before? If so, when and with how much?							
				ii ana widi now i	nucii.		
Are you receiving financial assistance for this program from another source? Yes No							
Are you receiving financial assistance for this program from another source? Yes No Please state here why your current financial situation requires you to apply for this assistance:							
rtease state here why your current financial situation requires you to apply for this assistance.							
*LIC policy provides assistance to a limited purpley of people pay pro-							
* LIS policy provides assistance to a limited number of people per program.							
Office Use Only		Date Rece	eived:		Initia	als:	
Amount of Assistance	e Approved:	\$	By:				
Applicant Informed	on·		Rv.				

Return to LIS, Attention: Lupe Vizcarra or vizcarra@loyolainstitute.org

Loyola Institute for Spirituality

434 S. Batavia Street, Orange, CA 92868-3907 714-997-9587; office@loyolainstitute.org www.loyolainstitute.org