



# Diocese of Joliet

Life Office  
101 W. Airport Rd.  
Romeoville, IL 60446

815-834-4065  
Fax: 815-838-8129

## MARCH FOR LIFE FINANCIAL AID REQUEST FORM 2012

DATE: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
(If 18 years of age or younger)

NAME OF PARTICIPANT: \_\_\_\_\_

BIRTHDATE OF PARTICIPANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### REQUESTED AMOUNT OF ASSISTANCE:

\_\_\_\_\_ \$75.00 - Please attach a letter stating why the *March for Life* is important to you.

\_\_\_\_\_ Other – Please attach a letter stating why the *March for Life* is important to you.  
Please include statement of family size and income.  
Amount requested \$\_\_\_\_\_.

### DESCRIPTION OF FINANCIAL NEED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN  
(If participant is under 18 years of age)

\_\_\_\_\_  
DATE

**By signing this March for Life Financial Aid Request Form,  
you are stating that all information provided is true and accurate.**

All application forms and required documentation must be submitted no later than **NOVEMBER 1, 2011.**