



APPLICATION FOR FINANCIAL AID Genesis: Pre-Cana Retreat



Instructions for the engaged couple requesting financial aid: Please complete this form. You will need to obtain the name and signature of the priest preparing you for marriage or the marriage coordinator before handing in this form.

Names: Bride) _____ (Groom) _____

Address: (Bride or Groom) _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Email address : _____

Date of

Wedding: _____ Parish: _____

1. The retreat cost is \$165 per couple. Please circle the amount of financial assistance you wish to request: 25% 50%

2. Please include a brief, concise statement explaining your financial need.

3. ***The above information is accurate and true, to the best of my knowledge.***

Name of Priest or Marriage Coordinator: _____

Signature: _____ Date: _____

PLEASE NOTE: Your request will be reviewed and Marriage and Family Evangelization staff will contact you after a decision is made. *Please do not send payment until staff has communicated with you.

Return this completed form by mail to:

Center for the New Evangelization
Pastoral Center - Archdiocese of Cincinnati
Attn: Katie Englefield
100 East 8th Street
Cincinnati, OH 45202

Or: Scan and email this completed form to Katie Englefield, Associate Director of Marriage Preparation - kenglefield@catholicaoc.org