

DIOCESAN LAY ENDOWMENT FUND

GRANT APPLICATION

PERSONAL INFORMATION

Name _____

Address _____

City _____ **Zip Code** _____

Telephone _____

Parish _____

INFORMATION ON COURSE, WORKSHOP, CONFERENCE, ETC.

*** Please attach a brochure/flyer on the program**

Title _____

Provider _____

Date/Place _____

Amount of Registration/Fees Requested _____

Secondary Request for Room, Board and/or Transportation _____
(Depending upon availability of funds)

RATIONALE FROM APPLICANT(S)

(Describe need for training and benefit the Church will receive)

PASTOR'S RECOMMENDATION

Signature of Applicant(s) _____

Signature of Pastor _____

Signature of Regional Priest Moderator (if needed) _____

Date of Application _____

Please return to:

**Rev. David Hulshof
St. Vincent de Paul Parish
1913 Ritter Dr
Cape Girardeau MO 63701-4530**