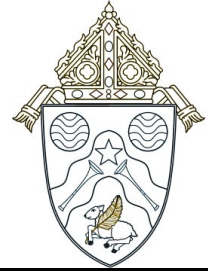


# Diocesan Youth Endowment Fund

## GRANT APPLICATION



### Personal (Group) Information:

Parish Name: \_\_\_\_\_

Name of Person Applying: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### For Grant Assistance to Attend a Workshop, Conference, Event, etc.

Please attach a copy of the brochure/flyer, etc. or list website related to the event/program

Name of Event: \_\_\_\_\_

Sponsor of Event: \_\_\_\_\_

Date/Place: \_\_\_\_\_

Who Will Attend? \_\_\_\_\_

Number of People to be Covered by this Grant Request: \_\_\_\_\_ Youth \_\_\_\_\_ Adults

Total Cost of Registration (per person): \_\_\_\_\_

Amount Being Contributed by the Individual and/or Parish (per person): \_\_\_\_\_

Amount of Registration/Fees Requested from Grant (per person): \_\_\_\_\_

Secondary Request for Room, Board, Transportation (per person): \_\_\_\_\_  
Depending on Availability of Funds

### For One-Time Grant Assistance for:

~Establishing a New Youth Ministry Program within a Parish, or

~Special Event, Sponsored by a Parish or Parishes

Amount Requested: \_\_\_\_\_ Please describe in detail what the money will be used for.

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

## Rationale From Applicant

Describe the purpose of this event/program and the benefit it will give to the parish/school/diocesan Church

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## Pastor Recommendation

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Signature of Applicant or Group Representative: \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please return to: Mrs. Lynn Melendez  
Director of Evangelization, Catechesis and Youth Formation  
The Catholic Center  
601 South Jefferson Ave.  
Springfield, MO 65806  
[lmelendez@dioscg.org](mailto:lmelendez@dioscg.org)

## Catholic Center Use

Grant Approval Date: \_\_\_\_\_ Director Signature: \_\_\_\_\_

Choose One:

Check Payable to: \_\_\_\_\_

JE Transfer to A/C#: \_\_\_\_\_