

SAINT JOSEPH PARISH
CATHOLIC EDUCATION ENDOWMENT

GRANT APPLICATION

INITIAL APPLICATION

RENEWAL APPLICATION

ORGANIZATION OR NAME: _____

E-MAIL: _____ PHONE: _____

AMOUNT REQUESTED FROM ENDOWMENT FUND: _____

EXPECTED USE OF FUNDS, INCLUDING TIME PERIOD : _____

HOW WOULD THIS GRANT DIRECTLY BENEFIT THE ST. JOSEPH COMMUNITY?: _____

ALTERNATE OR SUPPLEMENTAL SOURCE OF FUNDING: _____

REQUIRED: PASTORAL STAFF MEMBER'S ENDORSEMENT

SIGNATURE of PASTORAL STAFF MEMBER

DATE

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE

DATE

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Grant Application Instructions

1. Complete each item on the application form. Incomplete forms will be returned.
2. Forms can be submitted at any time. The Endowment Board will review the application at a subsequent board meeting. The Board meets in September, November, January and June.
3. Be as specific and detailed as possible about the intended use of funds. Indicate the dates or time period the funds will be used.
4. The grant application must include a specific and direct benefit to the St. Joseph community. A detailed statement of commitment is more effective than a general statement of your availability. A pastoral staff member should be consulted to provide direction.
5. Indicate any alternate or supplemental sources of funding, i.e., budgets, matching grants, individual resources.
6. Grant applications relating to tuition reimbursement are also subject to the board's tuition reimbursement policy. Information regarding a required Statement of Intent can be obtained from a pastoral staff member.
7. The grant application requires the signed endorsement of a pastoral staff member. To contact the appropriate person for your request, call or email Toni Pepping, Director of Communication, 847-362-2073 tpepping@stjoseph-libertyville.org Further information on the endowment can be found on the Parish website at: <http://www.stjoseph-libertyville.org/>
8. Submit completed application to: St. Joseph Parish Endowment Board, 121 East Maple, Libertyville IL 60048

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For board use only:

Total funds requested: _____

Total funds approved: _____ Board approval date: _____

Comments:

Pastor's approval: _____ Date: _____

Board chair's approval: _____ Date: _____