

ST CATHERINE LABOURE POOR FUND APPLICATION
SCL Making a Difference

Today's Date _____

Name(s) of Group or Individuals _____

Description _____

Attach additional sheet if necessary.

Expected Dates of Beginning and Completion of
Project _____

Estimated total cost _____

Amount of money needed from the St. Catherine Laboure Poor Fund _____
(Generally, funding would be between \$250 and \$750. Please give the amount requested.)

Other funding sources _____

Amount of money raised to date _____

How will the money be used? Please give a breakdown of the use of the money. _____

**Individuals or groups under the age of 18 will be required to have an adult
supervising the project.**

**I (we) understand that a written report will be required at the time of completion of the
project. Included in the report will be an accounting of expenditures.**

Signatures of the individuals or a representative of the group

Name and Signature of Non Profit (if necessary) _____

Name

Signature

PLEASE RETURN TO PENNY WEISS IN THE PARISH OFFICE