

Seeds of Faith • Faith Formation Endowment

CATHOLIC FOUNDATION OF SOUTHERN MINNESOTA

FUNDING APPLICATION

Individual Minister – Continuing Education

General Information

Name _____

Address _____

City, State, Zip _____

Phone # _____ (Day) / _____ (Evening)

E-mail _____

Name of Parish _____

Area of Ministry _____

I am: ___ Full-time, paid minister. ___ Part-time, paid minister. ___ Volunteer minister.

Funding Request

1. Please attach a brief description of your funding request to this form. This description should include:
 - ❖ the amount of funding requested and to whom the funds are to be disbursed (e.g., name of parish, conference sponsor, etc.)
 - ❖ information relating to the nature of the activity or event for which funding support is sought (e.g., name of conference, sponsoring organization, content areas, etc.), and the specific purpose for which funding is requested (e.g., registration fees for a workshop or conference)
 - ❖ a description of how your ministry will be enhanced by receiving this funding.
2. Please also attach a brief letter from your Pastor or Director with their signature, stating their knowledge of and support for your participation in this activity/event.

Funding Information

Please return this completed form, with the attached narrative description, to:

Catholic Foundation of Southern Minnesota- P.O. Box 30098 - Winona, MN 55987

Phone: (507) 858-1276 / E-mail: info@catholicfsmn.org

Funding requests are reviewed on an ongoing basis. Funding applications are to be received at least one month in advance of the date on which such funding is needed. Grant awards are limited to the amount of funds available in a given year.