

ST. FRANCIS EDUCATIONAL GRANT APPLICATION

See page 62, Policy and Procedure Manual

Office of the Diaconate

Name _____ ID# _____

Address _____

City/State/Zip _____

Home Phone _____ Work _____ Mobile _____

Social Security # _____

Please check one: Initial Grant _____ Renewal _____

Amount requested \$ _____ (up to the lesser of 25% of tuition or \$1,000.00 per term).

Amount of grants from institution or other source: \$ _____

Institution Attending _____

Address _____

City/State/Zip _____

Program Description _____

Total Course Requirements for Degree, Certification or License: _____

Intended length of time to complete program: _____

Current Course Enrollment:

Description	Duration	Cost
_____	_____	_____
_____	_____	_____

How will your ministry be affected with the completion of this program?

Date _____ Signature _____