|  |  |
| --- | --- |
| C:\Users\mdiochon\Pictures\banner1.jpg P.O. BOX 5000  Antigonish, Nova Scotia—B2G 2W5  Request for Assistance Form |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City/Town, Province |  |
| Postal Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Present status (employment, student etc.) |  |

## Present Involvement in Church Related Activity:

|  |
| --- |
|  |

## Parish:

|  |
| --- |
|  |
|  |

## Describe the program for which funding is sought:

|  |
| --- |
|  |

## Location of program:

|  |
| --- |
|  |
| Date and length of program:  |  | | --- | |  | |

## Detailed Costs of Program:

|  |  |
| --- | --- |
|  | **Cost** |
|  | $ |
|  |  |
|  |  |
|  |  |
|  |  |
|  | $ |

## Amount Requested:

|  |
| --- |
| $ |

## Other funding sources applied to: Amount received from other sources:

|  |  |
| --- | --- |
|  | $ |
|  |  |
|  |  |

## Signature and Reference

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

### Please provide a pastoral reference letter. This letter, as well as the application for assistance, should either be mailed directly to the foundation at the address listed above or emailed to <lenglish@stfx.ca>. Please note that recipients of funding are required to provide a report to the Foundation within a year of receiving the funds.