



# SS. SIMON & JUDE

8 CAVANAUGH COURT • WEST CHESTER, PA 19382-7998  
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## Stewardship Grant Application

Name of Applicant (please print) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Applicant signature & title, if any: \_\_\_\_\_

Are you a registered 501C-3 organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Amount you are requesting: \_\_\_\_\_

Goals and objectives of the organization (Be as specific as possible) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide and/or attach a brief description of your request or project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify the approximate number of people who will benefit from this grant:

\_\_\_\_\_

Is this your first application to SS Simon & Jude? Yes \_\_\_\_\_ No \_\_\_\_\_

For SS S&J Use: Date Received \_\_\_\_\_ Date first reviewed \_\_\_\_\_

Grant Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount: \_\_\_\_\_

7/1/01