SOCIETY OF THE DIVINE WORD CHICAGO PROVINCE
Office of the Secretary of Education, Recruitment, & Formation

GRANT APPLICATION

Application for funding for Ongoing Education / Formation purposes

1. Your Name: _____

2. Email: _____

3. Address: _____

4. Title of Event: _____
(or book, organization, etc.)

5. Sponsoring Agency: _____
(or publisher, company, organization, etc.)

6. Date of Event: _____ to _____ City & State: _____

7. Lodging: _____

8. General content of Event: _____
(or book, organization, etc.)

_____

9. Usefulness in enhancing your ministry: _____

_____

10. I have made arrangements for my replacement during my absence: Yes ☐ N/A ☐

11. Costs: Registration / fees / price: $ _____

Room & Board: $ _____

Travel: $ _____ via _____

TOTAL: $ 0.00

12. Disbursement of Funds: By check made payable to: _____

or.....By fund transfer to my RCT Account: _ _

13. Signature of Local Superior: _____ Date: _____

14. Your Signature: _____ Date: _____

15. Submit completed Grant $ SSOFDWRQto Kathy Borresen, Education Office Coordinator:
USC Province Center, PO Box 6038, Techny, IL 60082 – Fax: 847. . – kborresen@uscsvd.org

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