La Crosse Diocesan Council of Catholic Women

Arcadia, Chippewa Falls, Durand, Eau Claire, La Crosse, Marshfield,

Prairie Du Chien, Richland Center, Stevens Point,

Thorp, Tomah, Wausau, and Wisconsin Rapids Deaneries

[www.dioceseoflacrosse.com](http://www.dioceseoflacrosse.com) and [www.ldccw.org](http://www.ldccw.org)

**LA CROSSE DIOCESAN COUNCIL OF CATHOLIC WOMEN**

**GRANT APPLICATION FORM**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of Grant Request $\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 18 years of age? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you a member of the La Crosse Diocesan Council of Catholic Women?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If “no” please list your church affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason you are applying for a grant:

Describe how receiving this grant would allow you to contribute time/knowledge to the Diocese of La Crosse, LDCCW, the church, and self:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please feel free to add more info on another sheet of paper or use the back.

**Submit to: La Crosse Diocesan Council of Catholic Women President-Elect--address of current President Elect on LDCCW website**