

## La Crosse Diocesan Council of Catholic Women

www.ldccw.org

## **CATHOLIC SCHOOLS GRANT APPLICATION**

Date:		
Name of person	submitting application:	
Name of school:		
Address		City/Zip
Telephone:	Email:	
Name of Princip	al:	
Grade:	Number of students:	
Please describe the reason you are applying for the grant (i.e., what materials are you requesting for the classroom? Note: materials must be non-consumables such as Bibles, booksfor children or the classroom, globes, learning posters, maps, dry erase board, puzzles and games, etc.):		
Please describe	how students will benefit from this g	rant.
Signature:		Date:

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