

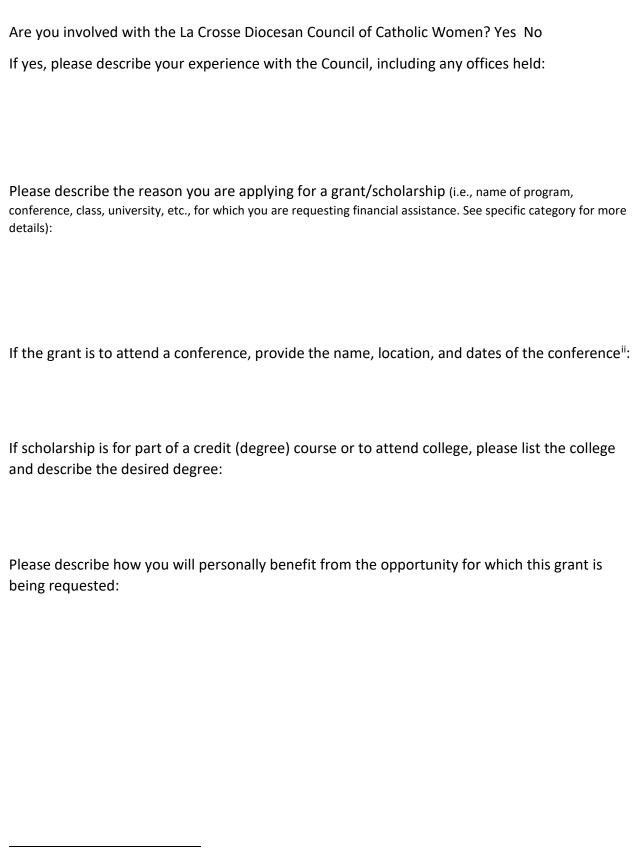
## La Crosse Diocesan Council of Catholic Women

## www.ldccw.org

## **GRANT/SCHOLARSHIP APPLICATION**

Name			
Address			
City/Zip			
Telephone:	Email:	Date	
Category of Scholarship for which you are applying:			
Amount you are requesting:			
Name of Parish to which you belong:			
Name of Pastor:			
Deanery in which your parish is located:			
Are you involved with your Parish Council of Catholic Women? Yes No			
If yes, please describe your experience with the Council, including any offices held:			
Describe any other involvem	ant you have in your parish:		
Describe any other involvement you have in your parish:			
Are you involved with the De	eanery Council of Catholic Women? Yes No		
If yes, please describe your experience with the Council, including any offices held:			

<sup>&</sup>lt;sup>1</sup> The Grant/Scholarship Committee reserves the right to decide how much of the requested amount will be funded.



<sup>&</sup>lt;sup>ii</sup> For conferences/conventions, grant monies will not be awarded to attend entertainment events, special tours, or banquets.

Please describe how your parish will benefit from the opp requested:	ortunity for which this grant is being	
Please describe how the LDCCW could benefit from the opeing requested:	pportunity for which this grant is	
If you are pursuing a degree, please describe how you will Church/community at the completion of your degree:	I served the Catholic	
Signature:	Date:	
Submit to: La Crosse Diocesan Council of Catholic Women President-Electaddress of current President Elect on LDCCW website ldccw.org		