



A Place of Welcome Grant Application Form

I. Contact Information

Name: _____ Date: _____

Address: _____

Organization: _____

Phone: _____ Cell: _____

Email: _____ Parish: _____

II. Application for Funding

Please explain in a few words what will the funds be used for (You can add extra pages if necessary):

Amount Requested: \$ _____

Applicant

Date

OFFICE USE ONLY

Amount Approved: _____

***This amount will be matched by
the DSCF and the Parish
requesting the funds**

Acceptance Authorized

Date

Acceptance Authorized

Date