|  |
| --- |
| If funding is approved, you will need to promptly provide the following documents:* Original invoice (as possible)
* W-9
 |

**Name of person receiving funding:** Click here to enter text. **Date of Nomination:** Click here to enter text.

**How long has the person been known by the clergy?** Click here to enter text.

**Name and title of person making the nomination:** Click here to enter text.

**Church and Deanery:** Click here to enter text.

**Who are the adults in the household?** Click here to enter text.

**How many children are there and what are their ages?** Click here to enter text.

**Briefly describe the challenges and needs of the person you are applying for funding *(as it pertains to this grant)*:**

Click here to enter text.

**Briefly describe the opportunities and strengths of the person who you are nominating**: Click here to enter text.

**Amount of grant requested:**

Purpose $ Amount Check Payable to:

Click here to enter text. Click here to enter text. Click here to enter text.

Would you like check to be: Mailed \_\_\_\_\_ or Picked up by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail Check to: Click here to enter text.

**If the person you are nominating has received earlier grants from the Kathleen Walsh Charitable Fund, please list the amounts and dates for those grants:**

*Click here to enter text.*

**Describe how a grant would improve this person’s employment, education and/or housing?**

Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Priest or Pastor Signature of the person completing this application (If different than priest or pastor)**

**Signature of Catholic Charities Regional Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**------------------------------------------------------------------------------------------------------------------------------------------**

**To Be Filled Out by the Administration Office in Raleigh**

**Application approved: Yes \_\_\_\_ No \_\_\_\_** *(if approved, checks are mailed or picked up by designated person above)*

**Name and title of person approving application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature & Date of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A confirmation email has been sent to the priest and the person completing this application: Yes \_\_\_\_\_ No \_\_\_\_**