

“PARTNERS IN PHILANTHROPY”

GRANT APPLICATION

CLIENT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

GENDER: Male ____ Female ____ AGE: ____

CHAPTER INFORMATION

NAME: _____

ADDRESS: _____

CHAPTER PRESIDENT: _____

SIGNATURE: _____

PARISH PRIEST: _____

SIGNATURE: _____

REASON FOR REQUEST: _____

AMOUNT OF REQUEST: _____

AMOUNT OF GRANTED: _____

Mail all applications to:

Ladies Philoptochos Society, Partners in Philanthropy, 2560 Crooks Road, Troy, MI 48084