



## Women's Giving Circle Grant Proposal Application

*Instructions: Please type your application. If you add additional pages, please include them with the application. While email is the preferred form of submission, you are welcome to mail the application. Please email the application to Jennifer Georgis ([jgeorgis@dioceseofjoliet.org](mailto:jgeorgis@dioceseofjoliet.org)) or mail directly to Jennifer Georgis, Women's Giving Circle, Catholic Education Foundation at the Blanchette Catholic Center 16555 Weber Road Crest Hill, IL 60403.*

**Application Date:** \_\_\_\_\_ **Amount requested:** \_\_\_\_\_

**Title of project:** \_\_\_\_\_

**Applicant's name:** \_\_\_\_\_

**Academic position of the applicant:** \_\_\_\_\_

**School name and parish (please provide city name):** \_\_\_\_\_

**Email address and phone number:** \_\_\_\_\_

**Grant Category:**  Catholic education  Spiritual development  Educational enhancement  
 Community awareness  Stewardship  Other (please describe)

**Please provide a brief description of the project.**

**What are the goals of this project? How do they reflect the goals of the identified granting category?**

**Please define the academic need for this funding.**

**Please explain how the requested funds will be used to achieve the goals of the project.**

**What are the anticipated tangible outcomes from the project?**

**What is the timeline for completion of this project?**

**How will you monitor the success of your project?**

**Please provide the budget for your project, itemizing all items.**

**List any other funding sources or school support for this project.**

**Please provide any limitations or barriers to the successful completion of this project.**

**If no or partial funding is awarded, will the project still proceed? Please explain.**

**Please provide any other support information or documentation.**

**Project commitment**

*I, the undersigned, understand that a mid-year as well as a year-end report are required. I understand and agree that funds will be used only for the purposes outlined in this proposal. If funds are not exhausted during the specified granting time, a written request for an extension of their use is required 1 month before completion of the funding cycle. This request should be sent to Jennifer Georgis.*

*By submitting this application, I acknowledge that this project has been approved by the pastor(s) and the applicant has permission to apply for funding through the Women's Giving Circle.*

*Finally, by typing my name below, I acknowledge that it serves as my signature.*

**Applicant's signature/Date:** \_\_\_\_\_

**School principal's signature/Date:** \_\_\_\_\_