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Date of Application:
Name of Applicant (Organization, group, or individual):
Contact Person:Address:
Phone Number: Email:
List any previous support provided by St Michael's Endowment Fund to this applicant
Purpose of Grant:
Date of the Project Total cost of project: Amount requested: Date funds are needed:
Signature of applicant
Transaction of \$
 ▷ Unable to approve Grant Request Date of Acceptance or Rejection of Grant Request: Reason for decision:
Chairman's Signature Rev 02/2012 Date of Notification (retain copy for committee)

