



ADDITIONAL FUNDING REQUEST FORM

Completion of this form is required for each additional funding request.

Lay Ministry Diocese of Grand Island

1225 S Poplar St, Suite 100 --- North Platte, NE 69101
308-532-2707

Date _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Email _____ Wk Phone # _____

Home Phone # _____ Cell Phone # _____

Parish/School at which you are currently ministering _____

Position held _____

Present status of ministry (check one) Full-time Part-time Volunteer

Level of Education Attained _____

Length of service in the Diocese of Grand Island _____

Name and description of education program for which you are applying _____

Date(s) attending _____ Location _____

Cost of this program _____

Amount of money in your yearly continuing education budget _____

Amount of grants received for this program from other sources _____

Amount Parish is willing/able to contribute _____

Payee of check if grant is awarded _____

Return this form and application materials to:

Lay Ministry Scholarship Fund
Michael Davis
Diocese of Grand Island
1225 S. Poplar St, Suite 100
North Platte, NE 69101

For Diocese of Grand Island Use Only

Date Received _____

Date the Committee Reviewed _____
Committee Recommends _____ Yes _____ No Amount _____

Bishop Approves _____ Yes _____ No
Date _____
The Most Rev. William J. Dendinger

Grant Monies Issued _____ Amount _____ Check Number _____

**Monies not used for the purpose specified above are expected to be returned to the
Diocese of Grand Island for use by others.**

Note: All information gathered will be kept confidential.