

SOCIETY OF THE DIVINE WORD CHICAGO PROVINCE
Office of the Secretary of Education, Recruitment, & Formation

GRANT APPLICATION

Application for funding for Ongoing Education / Formation purposes.
For Society of the Divine Word USC Province Members use only.

1. Your Name: _____
2. Email: _____
3. Address: _____
4. Title of Event: _____
(or book, program, organization, etc.)
5. Sponsoring Agency: _____
(or publisher, company, promoter, organization, etc.)
6. Date of Event: _____ to _____ City & State: _____
7. Lodging: _____
8. General content of Event: _____
(or book, organization, etc.)

9. Usefulness in enhancing your ministry: _____

10. I have made arrangements for my replacement during my absence: Yes ___ N/A ___
11. Costs: Registration / fees / price: \$ _____
 Room & Board: \$ _____
 Travel: \$ _____ by (car, plane, etc.): _____
 TOTAL: \$ _____
12. Disbursement of Funds: By check made payable to: _____
orBy transferring funds to my Premier Bank Account: _____
13. Signature of Local Superior: _____ Date: _____
14. Your Signature: _____ Date: _____
15. Submit completed Grant Application to Kathy Borresen, Education Office Coordinator:
USC Province Center, PO Box 6038, Techny, IL 60082 – Fax: 847.412.9503 – kborresen@uscsvd.org