Pearl Streb Powers Formation Fund

Request for Financial Assistance

RETURN TO:
Director of Lay Ministry
7200 Stonehenge Drive
Raleigh, NC 27613-1620
Fax: 919-821-9705

Personal Data:

Name:_____

Address:_____

City:_____ State: _____ Zip:_____

Day Phone:_____ Evening Phone:_____

E-mail address:_____

Home Parish:_____

Request:

Without assistance from the Pearl Streb Powers Formation Fund, my parish/school and I would be financially unable to support my participation in the following: program _____ dates _____

Therefore, I consider myself eligible and request $_____.

I understand that funding I may receive is for committed ministry leadership in my parish/school/deanery/organization, and I agree to two years of service in the Diocese of Raleigh. If I leave the Diocese during the time of study or before completion of my commitment, I will arrange appropriate repayment to the Fund. I further agree to the publication of my name, allocations, and the formation opportunity I attend.

Signature: _____ Date: _____

Application must be co-signed by the pastor/pastoral administrator.

Signature: _____ Position: _____

Budget Information:

Costs:			Payment Sources:		
	Tuition	_____		Parish/School/Organization	_____
	Fees	_____		Individual	_____
	Books	_____		Scholarships/Other Funding	_____
	Total	_____		Requested Aid	_____

Background Data:

Describe/List your current parish/school/organization involvement: _____

_____

_____

Describe your past parish/school/organization involvement: _____

_____

_____

Explain how this course/seminar will help you be more effective in your ministry: _____

_____

_____

Please attach another sheet if additional space is needed to better complete this section.