

OUTREACH PROGRAM APPLICATION FOR FINANCIAL ASSISTANCE

Date: _____

Title of Program: _____

Organization: _____

Address: _____

Contact Person: _____ Phone: _____

Description of Program: _____

Amount Requested: _____ **Date Funds Needed By:** _____

Proposed Use of Funds:

Please explain any opportunities for our parishioners to volunteer with this program.

Would someone from the organization be willing to speak at the Shepherd of the Hills regarding this program?

Please complete and mail this form to:

Outreach Committee
Shepherd of the Hills Parish
W1562 County Rd. B
Eden, WI 53019