

**St. JOSEPH THE WORKER EDUCATIONAL ENDOWMENT FUNDS:  
REQUEST FOR A CONTINUING EDUCATION GRANT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*St. Joseph the Worker parish involvement has included:* \_\_\_\_\_

\_\_\_\_\_

Continuing Educational Opportunity: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Costs for event:     Registration: \_\_\_\_\_

                          Travel: \_\_\_\_\_

                          Meals: \_\_\_\_\_

                          Other (explain): \_\_\_\_\_

Total Event Costs: \_\_\_\_\_ Requested amount: \_\_\_\_\_

Are there any special circumstances (financial or otherwise) which precipitate this request? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach documentation for this event.**

*Describe how approval of this request will benefit St. Joseph the Worker parish. What will our return on this investment be?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return this form to St. Joseph the Worker, 60 S. Algona St., Dubuque, IA 52001**

OFFICE USE ONLY:

Approved by \_\_\_\_\_ Amount approved \_\_\_\_\_ Date approved \_\_\_\_\_

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