

**WILLIAM P. & L. MARJORIE FALSEY MEMORIAL FUND FOR
CATHOLIC EDUCATION GRANT APPLICATION**

To be considered for a 2022 grant, applications must be received by October 14th, 2022. Fill out a separate form for each request. Applicants will be notified once applications are received. Additional information may be requested. Applications will be reviewed by the Grants Committee. The Board of Trustees approves grants quarterly. Multiple requests are welcome.

Applications may be submitted by email or mail to:

**Catholic Community Foundation of Mid-Michigan | 5800 Weiss Street | Saginaw, MI 48603
Email: connor.rabine@ccfmm.org**

The purpose of the William P. & L. Marjorie Falsey Memorial Fund for Catholic Education Grant is to:

- *Supplement salaries for Catholic School teachers of the Diocese of Saginaw*
- *For tuition and scholarships for students attending a Catholic School in the Diocese of Saginaw*
- *For other Catholic Education opportunities as determined by the Board of Directors of the Foundation*

Are you applying for:

1. Supplementing salaries for Catholic School teachers of the Diocese of Saginaw:

Yes___ No___ **If yes – Please Answer the Following Questions:**

Name of organization/school/ministry: _____

When was your organization/school/ministry founded: _____

Is your organization/ministry a 501c(3): Yes___ No___ If yes, what is your EIN: _____

Mailing Address: _____

Contact Name (First and Last): _____ Date: _____

Daytime Phone: _____ Email Address: _____

How many Full-Time Teachers' and Part-Time Teachers' salaries do you plan to supplement:

Full-Time: _____ Part-Time: _____

Total Amount Requesting: _____



Please explain the need for supplementing teachers' salaries at your school: _____

Additional Plans for Funding: _____

If your application is approved – How would the check be made out: _____

2. For tuition and scholarships for students attending a Catholic School in the Diocese of Saginaw:
Yes___ No___ **If yes – Please Answer the Following Questions:**

Name of organization/school/ministry: _____

When was your organization/school/ministry founded: _____

Is your organization/ministry a 501c(3): Yes___ No___ If yes, what is your EIN: _____

Mailing Address: _____

Contact Name (First and Last): _____ Date: _____

Daytime Phone: _____ Email Address: _____

Do you plan to attend a Catholic School: Yes ___ No ___

If yes, which school do you plan to attend:

__All Saints Central Elementary/Middle School

__Auburn Area Catholic Elementary/Middle School

__Nouvel Catholic Central Elementary/Middle School

__Our Lady of Lake Huron Catholic School

__Sacred Heart Academy Elementary/Middle School

__St. Brigid of Kildare Catholic School

__St. Elizabeth Area Catholic School



St. Joseph the Worker Catholic School

St. Mary Catholic School

St. Michael Catholic School

All Saints Central High School

Nouvel Catholic Central High School

Sacred Heart Academy High School

Which grade/school year are you apply for: _____

Cost of tuition for 1 year: _____

Total Amount Requesting: _____

3. For other Catholic Education opportunities as determined by the Board of Trustees:

Yes No **If yes – Please Answer the Following Questions:**

Name of organization/school/ministry: _____

When was your organization/school/ministry founded: _____

Is your organization/ministry a 501c(3): Yes No If yes, what is your EIN: _____

Mailing Address: _____

Contact Name (First and Last): _____ Date: _____

Daytime Phone: _____ Email Address: _____

What are the basic goals and mission of your project/organization: _____

If approved, how will the funds be used: _____



Project Description (May Include Attachments): _____

Catholic Educational Purpose/Goal: _____

Population Served: _____

How is your organization currently funded: _____

If your application is approved – How would the check be made out: _____

Signature

Date

