

**ST. MARY MEDICAL CENTER CATHOLIC SCHOOL EDUCATION  
GRANT APPLICATION**

To be considered for a 2022 grant, applications must be received by October 14<sup>th</sup>, 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](mailto:connor.rabine@ccfmm.org)**

*The purpose of the St. Mary Medical Center Catholic School 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: \_\_\_\_\_

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Additional Plans for Funding: \_\_\_\_\_

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

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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:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 applying 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): \_\_\_\_\_

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Catholic COMMUNITY FOUNDATION  
OF MID-MICHIGAN

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Catholic Educational Purpose/Goal: \_\_\_\_\_

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Population Served: \_\_\_\_\_

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How is your organization currently funded: \_\_\_\_\_

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

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

