

FR. CHARLES L. GANLEY MEMORIAL FUND FOR PRIESTS AND SEMINARIANS GRANT APPLICATION

This application is for assistance for retirement needs:

The Catholic Community Foundation of Mid-Michigan is glad to partner with the Diocese of Saginaw Vicar of Priests and the Vicar of Seminarians to offer this grant opportunity. Fill out a separate form for each request. Applicants will be notified once applications are received. Additional information may be requested. The Vicar of Priests will consult with the Grants Committee in recommending applicants to the Board of Trustees. This grant is open year-round so long as funds are available. 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: chad.cook@ccfmm.org

The purpose of the Fr. Charles L. Ganley Memorial Fund for Priests and Seminarians Grant is to:

- Assist the retirement needs of priest not covered through traditional sources;
- Assist the educational and necessary incidental expenses of seminarians not covered through traditional sources:
- The fund will make disbursements only after exhausting all other financial assistance offered through federal, state, local, and religious/Catholic agency sources, including the Dioceses of Saginaw;
- Disbursements will have an annual limit of \$2,500 and life-time limit of \$5,000.

First Name:			MI:	Last Name:	
Mailing Addre	ss:				
Date:	Dayti	me Phone:	:		
Email Address	:				
Total Amount	Requestin	ng:			
Disbursements	s from thi	s fund are o	only approved after	exhausting all other f	financial assistance
offered throug	h federal,	state, local,	, and religious/Cath	nolic agency sources, i	including the Diocese
of Saginaw. Ple	ease mark	the sources	s you have exhauste	ed:	
Federal	State	Local	Religious/Catho	lic Agency Sources	Diocese of Saginaw





Have you notified the Vicar of Priests regarding this request? Yes No	
Please provide details or documentation of how the Vicar of Priests was notified o	f this request:
Documentation is attached: Yes No	
Have you received a grant from this fund in the past: Yes No	
If yes, what year(s) did you receive this grant and what amount did you receive:	
If your application is approved – please include the vendor invoice or bill.	
Please explain the retirement need requesting to be covered:	
Signature	——————————————————————————————————————