



The Order of the Daughters of the Holy Cross

APPLICATION FOR SERVICE PROJECT GRANT

Submit to: Cindee Herlocker, Finance Chair
353 Kiowa Drive, Madison, MS 39110

Email: finance@daughtershc.org

Today's Date: _____

Applicant Name: _____

Applicant Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Cell Home Email: _____

Chapter Name: _____ Chapter #: _____

Church Name: _____

Church Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

On a separate piece of paper, please provide the following information to describe your intended purpose for the use of the funds:

1. Service Project Start Date: _____ Service Project End Date: _____
2. Purpose of the project, (including how the project or event will further the Kingdom, as well as which part of the Rule of Life is modeled by the activity):
3. Detailed description of the service project or event and how the monies would be spent:

Make check payable to: _____

Payment Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

I certify that monies received as a result of this grant request are to be used for the purpose stated.

Applicant Signature: _____

Clergy Signature: _____