St. Paul's Catholic Church
Application for Assistance Grant for Registered Parishioners

Name: _____

Address: _____

_____

Phone: _____

E-Mail Address: _____

Are you a registered parishioner at St. Paul's Catholic Church in Richmond, Virginia?

Yes_____ No_____

For what need do you seek assistance?

Food_____ Housing_____ Utilities_____

Transportation_____ Medical_____ Other_____

How much assistance are you seeking:
$_____

Have you received a grant from the Saint Paul's Assistance Grant program?

Yes_____ No_____

If the answer is "Yes," what was the amount of the grant you received?

$_____

In the space below, describe in detail the need for which you seek assistance. Attach to this application any supporting documentation (e.g., utility bill).

I certify that the information provided in this application is truthful to the best of my knowledge and belief.

_____ _____

Signature of Applicant Date