

LEARN
CABRINI



The National Shrine of Saint Frances Xavier Cabrini
THE ADA SCHUPP FOUNDATION PILGRIMAGE FUND

Application Must Be Submitted At Least 2 Weeks Prior To Visit

Submission of this form does not guarantee funding

Application Date: _____

Name of Organization: _____

Address: _____

Type of Group:

___Church youth group ___Catholic school ___Confirmation class
___Homeschool group ___Catholic campus ministry organization

PERSON COORDINATING PILGRIMAGE: _____

PHONE & EMAIL: _____

DATE OF PILGRIMAGE:_____ # PARTICIPANTS: _____

EXPENSES ANTICIPATED:

AMOUNT

Transportation (describe)

_____ \$_____

Donation to Shrine @ \$5/person

\$_____

TOTAL FUNDING REQUESTED:

\$_____

For reimbursable expenses: all mileage is to be recorded and receipts submitted to our office.

To whom should we make the reimbursement check for transportation costs payable?

FOR THE NATIONAL SHRINE OF SAINT FRANCES XAVIER CABRINI USE ONLY:

Received on_____

Reviewed by_____

Amount Approved \$_____

Notes: _____

Check # _____

Date mailed or delivered: _____