



Name of Organization/Applicant (please print) _____

Address _____

Contact Person: _____

Telephone: _____ Email Address: _____

Applicant Signature & Title, if any: _____

Are you a registered 501(c) 3 Organization? Yes _____ No _____

Amount you are requesting: _____ Any Special Instructions for payment: _____

Provide a brief description of your proposal _____

Please identify the approximate number of people who will benefit from this grant

Is this your first application to St. Thomas of Villanova? Yes _____ No _____

If no, when did you last apply? _____

How did you learn about the Stewardship Grant Program? _____

For STV Use: Date Received _____ Date First Reviewed _____
Grant Approved: Yes _____ No _____
Amount: _____

St. Thomas of Villanova*1229 West Lancaster Ave.*Rosemont*PA*19010*610-525-4801

Proposal Title _____

Statement of Purpose and Expected Results *(Attach additional sheets, or any brochures and materials that may help us to better understand your work)*

Goals and Objectives *(Be as specific as possible, identifying the activities you use to achieve your objectives)*

Budget *(Identify anticipated expenditures)*

Evaluation *(Identify measures you will use to evaluate the benefits of this grant)*
