

Catholic Association Hospitalité of Our Lady of Lourdes

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REQUEST FOR FINANCIAL ASSISTANCE FOR YOUNG PERSON FROM WAY DONNELLY FUND

**For approval by Grants Committee on behalf of CA Hospitalité of Our Lady of
Lourdes**

(To be submitted via Young Helpers Leaders by 30th June)

NAME OF YOUNG PERSON Mr/Mrs/Miss/Ms/Other

ADDRESS

.....Postcode

TELEPHONE NUMBER DATE OF BIRTH

DETAILS OF PREVIOUS VISITS TO LOURDES (Date, Pilgrimage, etc)

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NAME OF DIOCESAN DIRECTOR/GROUP LEADER/HOSPITALITE MEMBER RECOMMENDING THE YOUNG
PERSON.....

TEL. NUMBER

AMOUNT OF FINANCIAL ASSISTANCE REQUESTED.....

OTHER GRANTS RECEIVED BY APPLICANT FOR THIS PILGRIMAGE (eg PARISH, DIOCESE, CATENIANS)

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REASON FOR APPLICATION (Please continue overleaf if necessary))

Signature of Approving Official.....Date.....

October 2015