



## CSJ Ministry Support Fund

# Mini Grants

*Supporting works of Compassion and Mercy*

## APPLICATION FORM

Name of Nominator \_\_\_\_\_ Date \_\_\_\_\_

Affiliation:  Sister of St. Joseph  Associate  'Ohana  Partner in Mission

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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Name of Nominated Organization \_\_\_\_\_

\_\_\_\_\_  
Name of contact person \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Organization Purpose (3-5 sentences maximum):**

**Purpose of Request (4-8 sentences maximum):**

**Amount of Request \$** \_\_\_\_\_ *Maximum request \$2,000*

Please e-mail completed form to Sr. Carol Brong, CSJ at [cbrong@csjla.org](mailto:cbrong@csjla.org) Applications are received throughout the year.