



DIOCESE OF WESTERN MASSACHUSETTS

Application for Diocesan Grant for Clergy Children Educational Program

Name of Student _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

School Attending _____

School Address _____

Semester Student is Applying for _____

Major or Program _____

Expected Date of Graduation _____

Name(s) of Parent _____

Address _____

City _____ State _____ Zip _____

Telephone Number (Day) _____ (Evening) _____

Date Parochial Employment of Parent began in Diocese _____

Student's Signature _____ Date _____

Please Note: Applications must be submitted prior to the start of the semester, each semester. Students must also include a copy of the invoice for related semester with this application.