

COUNCIL ENRICHMENT GRANT APPLICANT INFORMATION
(Please complete ALL sections and print clearly or type)

NAME _____ PHONE _____ Email _____

ADDRESS _____

AFFILIATION _____ TITLE _____
(member, officer, affiliation, deanery, diocesan)

Please explain why you are interested in attending this Council Enrichment Institute and what you hope to gain?

What gifts and experiences can you contribute and share with others in your own affiliation? _____

How might your participation in this Enrichment Institute encourage you to take a more active role in promoting your CCW? Do you have the time to do this?

How many Council Enrichment Grants have YOU been awarded in the past?
1 or 2 _____ 3-5 _____ 6-9 _____ 10 or more _____

Additional information or comments?
