Catholic Association Hospitalité of Our Lady of Lourdes

 $\textbf{\textit{Email:}} \ \underline{contact@catholicassociation.co.uk}$

www.catholicassociation.co.uk

REQUEST FOR FINANCIAL ASSISTANCE FOR ASSISTED PILGRIMS FROM ASSISTED PILGRIMS FUND

For approval by Grants Committee on behalf of CA Hospitalité of Our Lady of Lourdes (To be submitted by 30th June)

NAME OF ASSISTED PILGRIM: Mr/Mrs/Miss/Ms/Other	
ADDRESS	
	Postcode
TELEPHONE NUMBER	DATE OF BIRTH
DETAILS OF PREVIOUS VISITS TO LOURDES (Date, Pilgri	
ACCOMMODATION REQUIRED: ACCUEIL OR HOTEL? .	
NAME OF DIOCESAN DIRECTOR/GROUP LEADER/HOSP PILGRIM	
TEL. NUMBER	
AMOUNT OF FINANCIAL ASSISTANCE REQUESTED	
OTHER GRANTS RECEIVED BY APPLICANT FOR THIS F	PILGRIMAGE (eg PARISH, DIOCESE, CATENIANS)
REASON FOR APPLICATION (Please continue overleaf if necessary)	
Signature of Approver 1: (Diocesan Director/Group Leader/Hospitalité Member supporting application)	FOR INTERNAL USE ONLY (Applicants do not need to provide this): Signature of Approver 2:
Date: Version March 2022	Date: