

Catholic Association Hospitalité of Our Lady of Lourdes

Email: contact@catholicassociation.co.uk

www.catholicassociation.co.uk

REQUEST FOR FINANCIAL ASSISTANCE FROM THE NELL ATKIN FUND

To be approved by Grants Committee on behalf of CA Hospitalité of Our Lady of Lourdes

NAME OF APPLICANT Mr/Mrs/Miss/Ms/Other

ADDRESS

.....Postcode

TELEPHONE NUMBER DATE OF BIRTH

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

NAME OF DIOCESAN DIRECTOR/GROUP LEADER/HOSPITALITE MEMBER RECOMMENDING THE APPLICANT

TEL. NUMBER

AMOUNT OF FINANCIAL ASSISTANCE REQUESTED.....

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

STATEMENT TO SUPPORT YOUR 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:

Date:

Version March 2022