St. John the Evangelist Catholic Church

Community Partnership Application

This application is to be filled out by a St. John the Evangelist parishioner who desires to nominate an organization in Elkhart County for a Community Partnership Grant from our parish. The organization must:

1. Not be directly run by a non-Catholic ecclesial body, but may be an interfaith or ecumenical charitable organization.
2. Must not engage in proselytizing.
3. Be compatible with the mission and teachings of the Catholic Church and St. John the Evangelist Parish.
4. Have a proven record of helping the poor, marginalized, and / or vulnerable of our community.
5. The nominating party must not be an employee of the organization nominated.

Application deadline: June 23, 2021. Please return applications to the St. John the Evangelist Parish office (109 W. Monroe St., Goshen, IN 46526).

Parishioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for nominating this organization:

Is the organization requesting funds for a particular project? If so, please describe:

Do you volunteer for this organization? If so, please describe your work:

Does this organization provide services to St. John the Evangelist Parishioners? If so, please describe:

Does this organization work in a field that could present challenges for compatibility with Catholic teaching (e.g. healthcare, etc.)? (This is not necessarily a disqualification.)

(Optional) Amount of money requested.

Please attach any further information you would like us to consider.

I testify that the information in this application is true to the extent of my knowledge:

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Applicant Date