

THE BISHOP QUIN FOUNDATION SABBATICAL GRANT PROGRAM APPLICATION

Name: _____

Home Address: _____
(Home) (Phone Number)

Church Name/Address: _____
(Address with City) (Phone Number)

Date of Canonical Residence in the Diocese of Texas:_____

Date of Current Employment: _____

Date(s) of Previous Sabbatical(s): _____

Proposed Dates of Requested Sabbatical:_____ Amount Requested:_____

Have you applied for any other grants (i.e. Lilly Foundation)? _____

Description of Destination and Focus of Proposed Sabbatical: (Attach additional sheets, if necessary)

(Signature of Applicant)

(Signature of Sr. Warden/Supervisor)

(Date of Application)

(Approval by Bishop Fisher)