

Apostolate Support Fund

Request for Distribution of Funds

Requested by:

Fraternity name	
Location	

We request a check made payable to (all fields required):

Name of charity	
Street address	
City/State/Zip	
Phone / Email	

Description of uses of funds and amounts:

General donation	\$ 0.00
Designated use (please itemize):	
Total amount requested (maximum \$300)	\$ 0.00

Additional information:

Is this a fraternity apostolate?		Number of members involved	
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Describe your fraternity's involvement with the organization.

How long has your fraternity been affiliated with this organization?

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Why/How do you believe the organization would benefit from this donation?

Local fraternity authorization:

I certify that this request has been authorized by our local fraternity council.

Name:	Position:	Date:
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REC Approval:

Name:	Position:	Date:
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For Regional Treasurer Use:

Check number:	Amount: \$ 0.00	Date:	Sign:
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Ministers: To apply for a BSSF Region matching grant for an **active** local fraternity apostolate, please complete this request form.

Return it to Susan McArthur OFS, macarthurofs2015@gmail.com, Michaeleen Davis OFS, davis61649@gmail.com, or Lee Cunningham OFS, emcunningham3@gmail.com.

Once approved by the Regional Executive Council, we will forward this form to the treasurer to issue the check.