



THE LOYOLA FOUNDATION

est. 1957

APPLICATION FORM

REQUEST NUMBER: _____

A. NAME AND ADDRESS of tax exempt organization
submitting application

B. CONTACT PERSON AND TITLE

Name: _____

Email: _____

on behalf of: _____

C. NAME AND ADDRESS of Ordinary of project's Diocese:
(approval letter, with affixed seal, must be attached)

1. FINANCIAL REQUEST

Date: _____

Amount requested in U.S. funds: \$ _____

and local currency: _____

Diocesan Bank account name and number: _____

SWIFT CODE: _____

2. REQUEST

3. INTRODUCTION

Give brief description of the organization seeking funds (attach additional material if necessary):

4. REGIONAL SUMMARY

Give brief outline of economic and geographic condition of area. Include a map of project's location.

