

**Archdiocese of Seattle – Immigrant and Refugee Ministry**

**IMMIGRANT MINISTRY GRANT APPLICATION**

DATE: AMOUNT OF GRANT REQUEST: \$

NAME OF PARISH:

NAME OF PARISH MINISTRY:

CONTACT NAME:

CONTACT PHONE:

CONTACT EMAIL:

ADDRESS: CITY: ZIP:

**PARISH OR ORGANIZATION ACKNOWLEDGEMENT**

*Name and signature of the staff person authorized by the parish to submit this grant application. For applications made by Welcome Circles not associated with a Catholic parish, the appropriate fiscal sponsor's staff signature is required.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**FOR WELCOME CIRCLES ONLY:**

*Select one of the following:*

- ☐ Our Welcome Circle is certified
- ☐ Our Welcome Circle has not yet completed the certification process

*(continued on following page)*

## IMMIGRANT MINISTRY DESCRIPTION

Please use the space below to provide a description of your ministry to immigrants (new or continuing) and how you propose to use grant funds. Include how your ministry was started, achievements, parishioner participation, parish support, and a description of the immigrants served through your ministry.