



**2012 CATHOLIC SOCIAL MINISTRY GATHERING  
DIVERSITY OUTREACH INITIATIVE  
FINANCIAL ASSISTANCE FORM**

*Note: Individuals seeking financial assistance to attend the CSMG (a) may be nominated by a diocesan social action director or member/associate of a CSMG sponsoring organization; or (b) may apply using this form with the endorsement of a social action director or CSMG sponsor.*

**NAME OF PERSON FILLING OUT THIS FORM:** \_\_\_\_\_

**PARTICIPANT'S INFORMATION**

**NAME:** \_\_\_\_\_

**POSITION:** (If working for the Church, what is the title and office? If not, is the participant serving as a volunteer and in what capacity?) \_\_\_\_\_

**(ARCH)DIOCESE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARISH:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CONGRESSIONAL DISTRICT:** \_\_\_\_\_

*Find your congressional district by [clicking here](#).*

**BACKGROUND/EXPERTISE:** (Briefly describe the participant's experience and interest in Catholic Social Ministry, identify the office/staff person (or sponsor of the CSMG) that the participant has worked with on social ministry programs in the diocese?)

Is this the first time the participant will attend the CSMG? \_\_\_\_\_

If not, how often has the participant attended in the past? \_\_\_\_\_

Has the participant previously received financial assistance from the USCCB to attend the CSMG? Yes or No: \_\_\_\_\_

Projected arrival date: \_\_\_\_\_



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DIVERSITY OUTREACH INITIATIVE – PARTICIPANT FORM

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Expected departure date: \_\_\_\_\_

Which pre-gathering meeting(s) does the participant plan to attend prior to the core meeting, if any?

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Is the participant willing to commit to helping the DOI Committee evaluate the initiative at the end of the CSMG, and/or later through periodic feedback or check-in sessions, via online survey, conference call or social networking medium? Yes or No: \_\_\_\_\_

**To be completed by DOI participants seeking financial assistance to attend the CSMG**

How much or what kind of financial assistance is needed to cover expenses to attend the CSMG (for example, to defray the cost of registration and/or hotel, or cover the fee(s) for pre-gathering(s)? *NOTE: In most cases, financial assistance will not be provided for transportation.*

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**Endorsement** (Person nominating participant or endorsing this application):

**Name** \_\_\_\_\_

**Title, Organization** \_\_\_\_\_

Please explain how the applicant meets the DOI criteria and how you are or intend to partner with them in social ministry.

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\*\*\* Please send this form back to Donna Grimes via e-mail [dgrimes@uscgb.org](mailto:dgrimes@uscgb.org) or fax it to 202/541-3329  
Attention: Donna Grimes