

The Vincent Alfano Fund

Application Cover Form

Indicate whether this is an internship or placement application:

Contact Information for Congregation/Mission Unit

Name of congregation/mission unit:

Mailing Address:

Phone:

E-mail

Contact person:

Address:

Phone Number:

E-mail:

Student Information

Name of intern/student:

Mailing Address

Phone:

E-mail

Brief Background Description:

1. Total Cost of Internship/Placement (include all costs including salary/share of benefits etc)

2. What amounts are being sought from other sources?

3. Will the internship/placement go ahead without funding from the Vincent Alfano Fund?

Authorization of application by congregation/mission unit

Authorized Signature for congregation/mission Unit

Name (printed)

Position in congregation/mission unit

Date: