



Immaculate Conception Center

School of Spiritual Direction through Franciscan University of Steubenville

Financial Assistance Application

(All of the following information is kept strictly confidential)

Applicant Name _____
Phone # _____
Address _____
Date _____

1) Please briefly describe the reason(s) why financial assistance is being requested.

2) Are you affiliated with a parish, apostolate, or religious order?

3) If so, have you sought funding assistance from them? Please explain.

4) Please describe any other sources of funding assistance that you have explored.

PLEASE SEND YOUR COMPLETED APPLICATION TO:

School of Spiritual Direction
Immaculate Conception Center
600 Liberty Hwy
Putnam, CT 06260

Or email: admin@immaculateconceptioncenter.org (with attachments)