

CATHOLIC EDUCATION FOUNDATION OF ONTARIO  
MICHAEL CARTY AWARD FOR INITIATIVES IN CATHOLIC EDUCATION

<b>APPLICATION FORM - 2017</b>		DO NOT WRITE IN SHADED COLUMN
ADD EXTRA PAGES WHERE NECESSARY		
Name of School/Unit		
Address		
Name and Position of Contact Person Submitting Application		
Telephone:	E-mail:	
Name of School/Unit		
Address		
Name of Director / Supervisory Officer		
Telephone:	E-mail:	
<b>1. TITLE OF INITIATIVE</b>		
<b>2. OBJECTIVES OF INITIATIVE:</b>		
<b>3. WHEN WILL THE INITIATIVE START? FINISH?</b>		

CATHOLIC EDUCATION FOUNDATION OF ONTARIO  
MICHAEL CARTY AWARD FOR INITIATIVES IN CATHOLIC EDUCATION

4. WHAT ACTIVITIES WILL BE INCLUDED IN THE INITIATIVE?	
5. WHAT NEEDS/SITUATIONS WILL BE IMPROVED BY THIS INITIATIVE?	
6. WHO WILL PLAN AND IMPLEMENT THE INITIATIVE?	
7. WHO WILL EVALUATE THE INITIATIVE? HOW?	

**CATHOLIC EDUCATION FOUNDATION OF ONTARIO  
MICHAEL CARTY AWARD FOR INITIATIVES IN CATHOLIC EDUCATION**

<b>8. HOW DOES THIS INITIATIVE REFLECT THE MISSION AND GOALS OF CATHOLIC EDUCATION TO DEVELOP THE WHOLE PERSON?</b>	
<b>9. HOW DOES THIS INITIATIVE CONNECT TO YOUR CURRICULUM PROGRAM?</b>	
<b>10. HOW DOES THIS INITIATIVE REFLECT THE GOALS OF YOUR SCHOOL, YOUR PARISH &amp; YOUR COMMUNITY?</b>	
<b>11.0 PREVIOUS APPLICATIONS</b>	
<b>11.1 HAS YOUR SCHOOL/UNIT PREVIOUSLY REQUESTED CARTY AWARD FUNDS FOR AN INITIATIVE?</b>  Yes _____ No _____ If "yes" when? _____	
<b>11.2 HAS YOUR SCHOOL/UNIT RECEIVED CARTY AWARD FUNDS?</b>  Yes _____ No _____ If "yes" when? _____	
<b>11.3 HAVE YOU PREVIOUSLY REQUESTED CARTY AWARD FUNDS FOR THIS INITIATIVE?</b>  Yes _____ No _____ If "yes" when? _____	
<b>12.0 BUDGET</b>	
<b>12.1</b>	
<b>12.2</b>	
<b>12.3</b>	
<b>12.4</b>	
<b>12.5</b>	
<b>TOTAL =</b>	

CATHOLIC EDUCATION FOUNDATION OF ONTARIO  
MICHAEL CARTY AWARD FOR INITIATIVES IN CATHOLIC EDUCATION

<b>13.0 AUTHORIZATION</b>	
<b>13.1 PERSON SUBMITTING APPLICATION</b>	
Signature of Person Submitting Application	Date
<b>13.2 FOR SCHOOL</b>	
Type/Print Name of Principal	
Signature of Principal	Date
Type/Print Name of Supervisory Officer	
Signature of Supervisory Officer	Date
<b>13.3 FOR BOARD /UNIT ( IF SUBMITTED BY A SCHOOL BOARD OR UNIT)</b>	
Type/Print Name of Board/Unit Director	
Signature of Board/Unit Director	Date
Type/Print Name of Senior Supervisory Officer	
Signature of Senior Supervisory Officer	Date
<b>SUBMISSION DEADLINE = April 3, 2017</b>	
<b>NB EVERY SECTION OF THE FORM MUST BE COMPLETED, INCLUDING THE BUDGET SECTION, AND ALL REQUIRED SIGNATURES OR THE APPLICATION WILL <u>NOT</u> BE CONSIDERED. THE MAXIMUM CEFO GRANT PER SCHOOL IS \$2000.00. MOST GRANTS ARE LESS. PLEASE DO NOT REQUEST MORE.</b>	