

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

APPLICATION FORM - 2025 <small>ADD EXTRA PAGES WHERE NECESSARY</small>		DO NOT WRITE IN SHADED COLUMN
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:	
1. TITLE OF INITIATIVE		
2. OBJECTIVES OF INITIATIVE:		
3. WHEN WILL THE INITIATIVE START? FINISH?		

**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**

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

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

13.0 AUTHORIZATION	
13.1 PERSON SUBMITTING APPLICATION	
Signature of Person Submitting Application	Date
13.2 FOR SCHOOL	
Type/Print Name of Principal	
Signature of Principal	Date
Type/Print Name of Supervisory Officer	
Signature of Supervisory Officer	Date
13.3 FOR BOARD /UNIT (IF SUBMITTED BY A SCHOOL BOARD OR UNIT)	
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
SUBMISSION DEADLINE = MARCH 21, 2025	
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.	