

## St. Margaret of Cortona Regional Fraternity OFS Financial Assistance Fund Request Form

The Regional Executive Council created the **Financial Assistance Fund** to aid candidates, active, excused, and temporarily professed members to attend any Regional planned events (i.e., Day of Reflection, Annual Chapter Retreat, Chapter of Mats, Formation Directors Weekend, Chapter of Ministers, and other regional events). The Financial Assistance Fund will cover part or all of the registration fee and will not cover travel/transportation.

**Steps are as follow:**

- Local fraternity member requesting assistance will first discuss with his or her minister.
- The member seeking funds is expected to contribute a portion of the expense; the local fraternity is asked to contribute a portion as well if possible.
- Local fraternity's minister will fill out this form, sign and forward it to the regional minister or other designated person.
- The regional minister and/or Regional Executive Council will review.
- If approved, the regional minister will inform both the regional treasurer and local minister.
- If disapproved, the regional minister will inform the local minister.

Name of Member seeking funds: \_\_\_\_\_

Name of Local Fraternity: \_\_\_\_\_

Year professed/received as Candidate: \_\_\_\_\_

Active Professed: \_\_\_ Yes OR \_\_\_ No

Name of regional event for which Financial Assistance Fund aid is requested:  
\_\_\_\_\_

What circumstances cause this member to ask for financial assistance (brief statement only):  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Financial Assistance Fund aid requested (Note: the amount should not exceed the cost of registration.):

Total Cost \$ \_\_\_\_\_

Contribution Amount: Participant \$ \_\_\_\_\_ Local Fraternity \$ \_\_\_\_\_

Amount requested from the Region \$ \_\_\_\_\_

Requested by:  
\_\_\_\_\_  
Name of Local Fraternity's Minister / Signature / Date

**Below for Regional Minister use only**

Approved \_\_\_\_ Disapproved \_\_\_\_ Amount if approved: \$ \_\_\_\_\_

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Regional Minister Name / Signature / Date

**Please email or mail this form to:**

Gary Burton  
15975 Kensington Place  
Dumfries, VA 22025

[gary.j.burton@outlook.com](mailto:gary.j.burton@outlook.com)