



STIFTUNG
Maria Theresia Scherer Ingenbohl
Klosterstrasse 10
CH-6440 Brunnen

Formula for Request

Organisation (Owned/Operated by)

Contact Person (Address, E-Mail, Telephone Number)
Name of the Project and Time Plan (Beginning and Ending)
Short Description
Recommendation (Bishop/Provincial)

Plan of Financing

<i>Estimated Total Cost</i>	<i>Own Resources</i>	<i>Grant from Other Organisation / Persons</i>	<i>Grant Requested from the Foundation</i>

Information of the Bank for transferring the amount in case the application is approved:

Account Holder: (with Address)		Account number: IBAN:
Name of the Bank (with Address)		SWIFT/BIC:

- **Project description and the budget should be attached to the application.**

Place and Date:

Signature:

This page will be filled by the board of managers /governing body of the foundation.

In the meeting of the board of managers /governing body of the foundation held

on the application was

approved

rejected

Amount sanctioned CHF/EUR/USD:

Signature:

Concluding report of the applicant:

not requested

Received on:

Verified on:

Signature: