

THE KNIGHTS OF ST. COLUMBANUS

E: INFO@KNIGHTSOFTCOLUMBANUSOMAGH.CO.UK

W: WWW.KNIGHTSOFTCOLUMBANUSOMAGH.CO.UK

T: @KNIGHTSOFTCOL1



TYPE OF APPLICATION: ☐ INDIVIDUAL ☐ GROUP ☐ YOUTH CLUB

INDIVIDUAL NAME:

AGE:

GROUP NAME:

Please list the names and ages of the individual group members

POSTAL ADDRESS:

POSTCODE:

TELEPHONE NUMBER:

EMAIL ADDRESS:

NAME OF SCHOOL:

NAME OF PARISH:

PLEASE OUTLINE HOW YOUR PROJECT MEETS THE ST COLUMBANUS AWARD CRITERIA IN EACH OF THE SECTIONS OUTLINED BELOW. PLEASE NOTE THAT A CHARACTER LIMIT APPLIES IN EACH SECTION.

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QUESTION 1

HOW WILL YOUR PROJECT ENCOURAGE AND INSPIRE YOUNG PEOPLE IN THE PRACTICE OF THEIR CATHOLIC FAITH?

QUESTION 2

DESCRIBE HOW YOUR PROJECT WILL BE DELIVERED AND HOW THIS WILL DEVELOP LEADERSHIP SKILLS TO ENCOURAGE OTHERS TO BECOME MORE INVOLVED IN THEIR LOCAL COMMUNITY?



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QUESTION 3

HOW WILL YOUR PROJECT REFLECT THE ETHOS AND SPIRIT OF ST COLUMBANUS?

TIMELINE

HOW LONG DO YOU EXPECT YOUR PROJECT TO TAKE

(Please note. Projects must be completed within 12 months from the issue of the award.)

☐ 1 - 3 MONTHS ☐ 3 - 6 MONTHS ☐ 6 - 9 MONTHS ☐ 9 - 12 MONTHS

COST - (1)

PLEASE PROVIDE A BREAKDOWN OF THE TOTAL COST OF YOUR PROJECT?

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COST - (2)

OUTLINE HOW YOUR PROJECT COULD PROCEED IF THE ST.COLUMBANUS AWARD DOES NOT PROVIDE THE TOTAL COSTS REQUIRED?

COST - (3)

WHAT OTHER SOURCES OF FUNDING ARE AVAILABLE TO SUPPORT YOUR PROJECT?

VERIFICATION

I THE UNDERSIGNED AM WILLING TO VERIFY THAT THE PROJECT OUTLINED ON THIS APPLICATION HAS THE FULL SUPPORT OF THE PARISH AND/OR SCHOOL THAT I AM ASSOCIATED WITH.

NAME: _____ TITLE/ROLE: _____

SIGNATURE: _____ DATE: _____

Completed printed application forms can be returned to:

Drumragh Parish Office

Pastoral Centre,

48 Brook Street, Omagh, BT78 5HD.

Please address the application FAO St Columbanus Award.