

The Society of the Companions of the Holy Cross  
**Participation Grant Application**

*Enhancing participation in our Companionship*

Name \_\_\_\_\_

Companion       Discerner

Chapter \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Which program or conference are you interested in?**

(Please note: This grant application is NOT your registration form.)

Program or Conference Name

\_\_\_\_\_

Date(s) of program \_\_\_\_\_

**What amount of grant are you requesting?**

(Please note: Grants will not exceed 50% of the cost of any or all of the following: program fee, lodging, meals. If the cost of lodging and meals are combined, fill only the Lodging line. Travel expenses will not be considered.)

Toward Program Fee                      \$ \_\_\_\_\_

Toward Lodging Cost                      \$ \_\_\_\_\_

Toward Meals Cost                      \$ \_\_\_\_\_

Total requested                      \$ \_\_\_\_\_

Participation Grant Inquiries ♦ SCHC Administrative Office  
978-462-1589, ext. 101; Monday – Friday, 8am – 4 pm  
46A Elm Street, Byfield, MA 01922-2812

[gm@schcCompanions.org](mailto:gm@schcCompanions.org)

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