

REQUEST FOR CPA AUDIT SCHOLARSHIP

Name of Parish: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Year to be Audited: \_\_\_\_\_

Last Audit year completed and submitted to Diocese: \_\_\_\_\_

The Audit cost, through the Diocesan retained CPA is approximately \$1,500. The Diocese has grants available of \$700. Brief explanation why you feel you need the CPA Audit grant: \_\_\_\_\_

\_\_\_\_\_

Please attach a copy of your current year's budget.

The Board will review your request and you will be notified of the outcome.