

**SETON ENABLEMENT FUND
PRE-APPLICATION FORM**

Name of Organization: _____

Address: _____

City / State / Zip _____

Contact Person: _____ Phone: () _____

e-mail address _____

Position: _____ Amount Requested: \$ _____

1. Brief description of your organization and its goals:

2. Brief description of the purposes of the loan:

3. Briefly, how does your organization and / or the purpose meet the Seton Enablement Fund's criteria?

4. How did you hear about the Seton Enablement Fund?

