



DIOCESE OF PRINCE GEORGE
RELIGIOUS EDUCATION TRUST



APPLICATION FOR PROJECT FUNDING

Contact Information			Office Use Only
Parish/School/Mission			File #
Address			Requested: \$
			Approved: \$
Telephone		Email	Comments:
Contact Person			

Description of Project

Include the following where applicable:	
Name of person(s) attending	
Event Name, Location & Dates	
Rational for Project (i.e. how project will benefit parish)	

Project Budget and Funding

Please categorize costs (i.e. conference, travel, accommodation) and include non-monetary costs and contributions (i.e. accommodation provided by family/friends).

	\$			Total Project Cost	\$
	\$			Less: Contribution(s) from	
	\$			Parish/School/Mission	()
	\$			Individual(s)	()
Total Project Cost	\$			Amount Requested	\$

Approval of Parish Priest, Pastoral Life Director or Supervisor

Signature: _____ Date: _____

Please mail to 6500 Southridge Ave, Prince George, BC V2N 5P9;
or e-mail to lynn-monteith@pgdiocese.bc.ca
or fax 250 964 2101