



DIOCESE OF PRINCE GEORGE

RELIGIOUS EDUCATION TRUST

APPLICATION FOR PROJECT FUNDING

Contact Information			Office Use Only
Name			File #
Address			Requested: \$
			Approved: \$
Telephone		Fax	Comments:
Contact Person			

Description of Project

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

Project Budget and Funding

Please categorize costs (ie conference, travel, accommodation) and include non-monetary costs and contributions (ie accommodation provided by friends).

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

Approval of Parish Priest or Pastoral Life Director

Signature: _____ Date: _____

Please return to Box 7000, Prince George, BC V2N 3Z2; fax to (250) 964-2101 or e-mail to ret@pgdiocese.bc.ca