



DIOCESE OF PRINCE GEORGE

RELIGIOUS EDUCATION TRUST

APPLICATION FOR PROJECT FUNDING

Contact Information			Office Use Only
Parish/School/Mission			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 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: _____