



Diocese of Prince George
RELIGIOUS EDUCATION TRUST
 APPLICATION FOR PROJECT FUNDING

Office Use Only
File #
Requested: \$
Approved: \$
Comments:

Contact Information for Parish/School/Mission

Parish/School/Mission:			
Address:			
Phone:		Email:	
Contact Person:			

Include the following where applicable.

Name of person(s) attending:	
Event Name:	
Location:	
Date(s):	
Rational for Project (i.e. how project will benefit parish)	

Project Budget and Funding- *these are required fields.

Applications for RET are accepted for an annual event, not for events/projects over multiple years.

Please categorize costs (i.e. registration, 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		*Requested amount	\$

Parish Priest, Pastoral Life Director or Supervisor

Name: _____ Date: _____

Please print

Signature: _____

ONLY APPLICATIONS FROM THE PARISH PRIEST WILL BE ACCEPTED

Please mail to 6500 Southridge Ave, Prince George, BC V2N 5P9;
 or email to reception@pgdiocese.bc.ca