## Application for Financial Contribution to Attend Conference or Workshop Form 3.7.1.a

Applicant Information					
Last name		First name			
Address			City/Town		
Postal Code	Phone number	Email address			
Parish name and town					
Conference or Workshop In	formation				
Name of Conference or Workshop					
Name of host organization					
Location			Registration cost/fee \$		
Dates/number of days		W	ill you attend All days days		
Current church participation	on				
·		e in the following	ministries and/or organizations:		
Benefits of participating in	Conference or Workshop				
Contribution sought					
Travel and other expenses  I will travel by ☐ air ☐ personal vehicle ☐ other:					
I will stay  at a hotel  with friends or family  other:					
I expect the total cost of travel, meals and accommodation to be \$					
Funds available		T			
I am able to pay \$		Parish contribution (if applicable) \$			
Contribution request					
I am seeking a contribution from the Archdiocese of \$					
Signature of applicant		Date			
Signature of parish priest or commit	tee chairnerson	 			

Office Use Only					
Recommendation:					
☐ Approval \$		Refusal			
Reasons:					
Signature:		Date:			
		Date			
Signature:		Date:			
Office Use Only					
Archbishop's Decision					
☐ Approval \$		Refusal			
Signature:		Date:			