Applications for the St. Pascal’s Annual Disbursement funds must be submitted in writing using this form. Additional information may be included on a separate sheet of paper. Requests will be reviewed by the Executive Board.

**Our Mission** is to empower, educate and support women into lives of service, spirituality and leadership to their families, parishes, communities and the poor of the world.

The St. Pascal’s Women’s Club recognizes but is not limited to the following areas:
- Outreach Ministry for local community and worldwide needs.
- Special Parish Ministries.
- Capital improvements and/or asset replacements to the facilities of St Pascal’s Church and/or school.

Date of Application____________________

Name of Organization/Committee/Congregational Member_____________________________________

Contact Person____________________________ 

Email Address___________________________________ Phone________________________

Project Title___________________________________________________________________

Amount Requested______________________ Project Duration____________________________

Is the project time sensitive? Yes_____ No_____ If Yes, what is your deadline date?___________

When will the funds be required?________________________________________________

Is this an annual event or expense?________________________________________________

How will future costs of the project be met?_____________________________________________________________________

_________________________________________________________________________________
a. Outline the purpose or objective of the project:

b. Describe the project:

c. How will this project help fulfill the mission of St. Pascal’s Women’s Club?

d. Itemize where the funds will be distributed:

e. Any other comments:
Please submit your application to the St. Pascal's Women's Club by leaving it in our mailbox in the parish office or mailing it to the following address:
St. Pascal's Church
c/o Women's Club
1757 Conway Street
Saint Paul, MN 55106
If the application is submitted but not completely filled out, it will be returned for completion. Applicants will be notified of acceptance or rejection by the committee.

SIGNATURE
I/We certify that the information I /We have provided in this application is true and accurate to the best of my/our knowledge. I/We agree that if awarded money from the Women's Club, I/We will utilize these funds only for the purpose that was outlined in the application submitted to the St. Pascal's Women's Club.
I/We also give the St. Pascal's Women's Club permission to have the information submitted in this application reviewed by the St. Pascal's Women's Club, and give permission to the St. Pascal's Women's Club to publicly acknowledge me/my/Our committee as a person/group requesting funds at any St. Pascal's Women's Club meeting discussing fund distribution.

___________________________________________
Signature of Applicant(s)

___________________________________________
Date

___________________________________________
Signature of Council Representative (required for all applications)

___________________________________________
Date