



# WOMEN'S CLUB ANNUAL DISBURSEMENT APPLICATION FORM

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?\_\_\_\_\_

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**APPLICATION**

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**PROVISIONS**

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 Womens' 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**