

St. Norbert College Parish

Commission of Conscience Program Application

1. Contact Information of requesting individual

Name

Address

Telephone Number

Email address

Brief Profile

Contact information of organization in which you will be volunteering or the recipient of requested project funds

Name

Address

Telephone Number

Email address

2. In two paragraphs, please describe the history and purpose of the organization in which you hope to volunteer or support and why you are choosing to work with this organization.
3. In one paragraph, describe how you will measure the success of the experience/project in which you seek funding.
4. What is the total cost of the proposal?
 - a. How much support are you requesting from the Commission of Conscience Fund?
 - b. Please attach a detailed budget for your request.
5. What is the time frame for request, implementation, and completion of the experience/project?
6. List other sources in which you have solicited funds for this experience/project.
7. Has your organization ever received money from the Commission of Conscience Fund? If so, please list the amount of request, and the year in which the request was made.
8. In detail, how and when will you share you experience with member of St. Norbert College Parish?

Signature of person requesting funding

Date

Signature of advisor to group requesting funding (if applicable)

Reference of Saint Norbert College Parish Parishioner (optional)