

## **Application for GA Parishioner Grant**

Name	
Address	
City, State Zip	
Phone Number (H)	(C)
E-mail address	<del></del>
A Guardian Angels Active Parishioner:	
"An <b>active pari</b> . parish mission i	<b>shioner</b> is a registered member of Guardian Angels <b>Parish</b> supporting the
- -Regular <b>worsh</b> -Direct <b>particip</b>	ip with the Guardian Angels community  ation in parish ministries, organizations, events and activities  cial contributions" (GA School Family Handbook, pg. 5)
Based on the definition above, m	ny family meets the stated criteria and we would like to request the following amount:
Grant requested: \$1,000 x	(# of K-8 GA students in family) = \$
We are registered parishioners o	f <b>Guardian Angels Church</b> . Yes No
Envelope number:	
My family has	s participated in the following parish ministries, organizations, events and activities over the past 12 months: