**Bus Grant Application Used for National March for Life or Virginia Pro Life Day**

Parish or Organization:

Address:

Contact Person:

Pastor or Organization person:

Phone #: Email:

Briefly describe the experience (# of people attended, etc.):

Amount Spent $

Supporting Documents Attached

(i.e. receipts, canceled checks, paid invoices, and other supporting documents) Reimbursement of up to 33% of cost upon final approval.

Name: (printed) Title:

Signature: Date:

Please send completed form to Deacon Bob Young – via email: byoung@richmonddiocese.org  or via U. S. mail to:

Catholic Diocese of Richmond, 7800 Carousel Lane, Richmond, VA 23294