

**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](mailto:byoung@richmonddiocese.org) or via U. S. mail to:

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