

RELIGIOUS LIFE EDUCATION FUND

Matching Funds

The Religious Life Education Fund (ReLiEF) provides matching funds to Impact Teams that are raising money to support the education of men or women dedicating their lives to Our Lord. For example, a seminarian preparing for religious life could be chosen as a recipient. **Instructions:** Impact Teams should complete page 1 of the application. Individual members not a part of an Impact Team can also apply for matching funds by completing page 2.

1) From Impact Team

Donations will be matched up to \$400 annually per Diocese or Region by the Home Office. Donations will be made to a designated program sponsoring individuals studying for the Catholic religious life. The recipient must use the funds for **education expenses** such as books, tuition, registration fees, etc.

Grant Year: _____ Host Impact Team Name and No: _____

Diocese:	Date of Meeting:			
Impact Team Name:	No:	Amount raised: \$		
Impact Team Name:	No:	Amount raised: \$		
Impact Team Name:	No:	Amount raised: \$		
Impact Team Name:	No:			
Impact Team Name:	No:			
Impact Team Name:	No:	Amount raised: \$		
	Attach more sheets if neede	ed.		
	TOTAL AMOUNT RAISE	D BY IMPACT TEAMS: \$		
Host Impact Team Contact Person: Address / Apt. No:				
City:		_ State: ZIP:		
Primary Phone No:	Email:			
	ND ENGAGEMENT DEPARTM IG IF THE CHECK WILL BE PR	ENT <i>TWO WEEKS PRIOR</i> TO YOUR RESENTED AT THE EVENT:		
200 N. Ma	Financial Life Outreach and Eng artingale Rd., Ste. 405, Schauml 2-4556 • Email: Outreach@189	ourg, IL 60173		
Recipient Name (Unless otherwise specific theory is to be mailed directly:	cified):			
Address:				

State: ___ ZIP:

2) From Individual Members

Individual donations from members will be matched up to \$100 per donation, minimum \$400 per diocese. Donations will be made to a designated program sponsoring individuals studying for the Catholic religious life. The recipient must use the funds for **education expenses** such as books, tuition, registration fees, etc.

Grant Year:					
Diocese:					
Name:		An	nount raised: \$		
Name:		An	nount raised: \$		
Name:		An	nount raised: \$		
Name:		An	nount raised: \$		
Name:		An	nount raised: \$		
Name:		An	nount raised: \$		
	Attach more sheets if neede	ed.			
	TOTAL AMOUNT	RAISED BY M	EMBER: \$		
Primary Contact Memb	ber Name:				
Address / Apt. No:					
			ZIP:		
Primary Phone No:	Email:				
SUBMIT TO THE OUTREACH AND ENGAGEMENT:					
	1891 Financial Life Outreach and Eng 200 N. Martingale Rd., Ste. 405, Schauml FAX: (847) 342-4556 • Email: Outreach@189	burg, IL 60173	com		
Recipient Name (Unles If check is to be mailed o	s otherwise specified): directly:				
Address:					
			ZIP:		