



5301 Tieton Drive, Ste F Yakima WA 98908

Celebration of Faith Fund Grant Application RE Coordinator Stipend Assistance

Address:	
Pastor's Name:	Phone Number:
RE Director's Name:	Phone Number:
Request(s) for support:	
	a paid Religious Education Coordinator, but we would like to provide a box below to identify your need and acknowledge your commitment to
☐ We will match the CWCF \$500 Religious E Pastors Initials	ducation Coordinator stipend with an additional \$500 (Required)
Terms and Conditions:	
 the purpose described in your application and i Funds are to be used only for the express p The parish agrees to list CWCF among its The parish gives permission to CWCF to u CWCF promotions. The parish will return to CWCF any unexp the parish is using the funds in a manner in one identified above. The parish will submit a copy of the first c funds and indicate whether the stipend will 	
As Pastor of	sh's legal name as to appear on CWCF check.)
	and, and agree to abide by the terms and conditions set forth herein. Date