

College Campus Ministry Activity Report

Submit to michelle.peters@archden.org by March 1st.

Institution: _____

Report completed by: _____

Phone: _____

Email: _____

Number of Students: Full-time undergraduate: _____

Graduate: _____

Part-Time: _____

Number of staff in campus ministry: Priest: _____

Development: _____

Campus Ministry: _____

FOCUS: _____

Amount received from AOD for Fiscal Year: _____

How were these funds used? _____

Amount of AOD Capital Improvement Funds used and purpose since July 1. _____

Income via development efforts, excluding AOD: _____

Your estimated cost of campus ministry program: _____

