

EMMANUEL LUTHERAN CHURCH ENDOWMENT FUND GRANT APPLICATION

1. CONTACT PERSON

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____ Email: _____

Phone: _____ Cell: _____

2. APPLICANT/RECIPIENT INFORMATION

Name: _____

Address: _____

City: _____ Zip: _____ Email: _____

Phone: _____ Cell: _____

3. GRANT REQUEST DETAILS

Grant amount requested? _____

Project start date _____ Completion date _____

Please write a proposal, stating the reason you are requesting an endowment grant and submit with this form. (can be written on the back of this form) Include how these funds will be used, how does it further the mission of our Church and in what ways does it further the objectives and purposes of the Endowment Fund. Will there be activities to achieve this? How will you evaluate this? Also, please provide an itemized budget for this project. Will there be other funding resources available if this grant is rejected?

FOR ENDOWMENT COMMITTEE ONLY

1. Date application received _____

2. Date distributed to Endowment Committee members _____

3. Approved: Yes ___ No ___ Date _____ ELCPV Endowment Chairperson: _____

4. Amount Approved _____ Conditions (If applicable) _____

I hereby certify this application was reviewed for compliance with the Mission of the ELCPV Endowment Committee goals.

ELCPV Endowment Committee Chairperson

Date