THE PRESBYTERY OF CAYUGA-SYRACUSE

APPLICATION FORM

BENEVOLENT CARE GRANT FUND

"The purpose of this fund shall be to provide benevolent grants to assist in the care of elderly persons within the bounds of Cayuga-Syracuse Presbytery."

Criteria:

1. **Applications must be submitted by churches/sessions/boards or institutions. If an institution, a worshiping community within the Presbytery must indicate concurrence with the request.**
2. **A financial need must be clearly stated. i.e., sample budget**
3. **Grants will be awarded for benevolent care of the elderly residing within the bounds of Cayuga-Syracuse Presbytery.**

Name of Applicant _____

Contact person _____

Address _____

Phone _____

Amount of Grant Requested $_____

Please explain the **need** for this grant; i.e., explain your program; (use additional paper, if necessary):

Please stipulate **how** this money will be used:

Who will benefit from this grant?

Where are the potential beneficiaries of this grant living?

If awarded, to whom should this grant be sent?

_____

If applicant is an institution
Authorized Signature

Name of Church

Signature, Clerk of Session/Board

Date: _____

Applications must be received by November 1, 2026.
Please send the completed Application Form to:

Lynn Jacques at
lmjacques@verizon.net