

FLC MISSION ENDOWMENT TRUST GRANT APPLICATION

DATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

AMT REQUESTED \$ \_\_\_\_\_

DATE NEEDED \_\_\_\_\_

NAME OF PERSON OR ORGANIZATION \_\_\_\_\_

COMMUNITY ORGANIZATION \_\_\_ ORGANIZATION OF FAITH \_\_\_ MEMBERS OF FAITH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PURPOSE OF GRANT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE FUNDS FOR MATCHING GRANTS \_\_\_\_\_

DETAILS \_\_\_\_\_

\_\_\_\_\_



MISSION ENDOWMENT FUND COMMITTEE

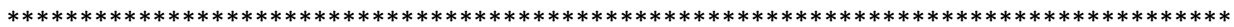
DATE RECEIVED \_\_\_\_\_

REVIEWED \_\_\_\_\_

RECOMMENDATION APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_



FAITH LUTHERAN CHURCH COUNCIL

DATE RECOMMENDATION APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

AMOUNT APPROVED \$ \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_



Check sent to \_\_\_\_\_

Date \_\_\_\_\_