

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 \_\_\_\_\_

\_\_\_\_\_

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MISSION ENDOWMENT FUND COMMITTEE

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

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

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FAITH LUTHERAN CHURCH COUNCIL

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

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

CHECK SENT TO \_\_\_\_\_ DATE \_\_\_\_\_