

Faith Lutheran Church Endowment Fund Application

1. Total amount requested for this application: \$ _____
2. Name of individual or group requesting Endowment funding: _____

3. Address (if group, please provide address of individual responsible for submitting this request): _____

4. Telephone number of requesting individual: _____
5. Describe the nature of this request, including the religious or charitable purpose, and what impact this project will have:

6. Where is the location of this project? _____

7. What Faith Lutheran member(s) (or groups) are involved in this project? Please give details as to their specific role(s) in this project: _____

8. When will the project be completed? _____

9. When is disbursement needed? _____
10. With the application for funding, you are agreeing to complete a summary of the completed project if requested. Who will complete this summary if requested? (Include name, address and phone number)

11. If the beneficiary of the funds is an individual(s), would he/she(they) prefer the gift to be kept confidential? _____

Applicant's signature _____ Date _____

Approved _____ Denied _____

Amount _____ Date _____