



Resurrection Lutheran Church  
Mission Endowment Fund  
Grant Application

<b>Applicant's Information:</b>
Name:
Phone:
Email:
Address:

<b>Amount requested:</b>
Amount requested:
Has this applicant applied for Endowment funds before? If so, please describe the purpose, amount, and if the grant was awarded:

<b>Identify the category of funds requested and provide a detailed description of how the funds will be used (continue on next page):</b>	
<input type="checkbox"/> Service / Outreach	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Education	
<input type="checkbox"/> Spiritual Growth	

Description continued (attach additional page if needed):

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Signature:

If awarded, grant check to be sent to:

Date:

For Congregation Council use only:

Date Received:

Date reviewed:

Approved: YES NO

Recipient notified:

Check #:

Date of Check:

Comments: