

**FLC Mission Endowment Trust Grant Application**

Date \_\_\_\_\_ Telephone \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Date needed \_\_\_\_\_

Name of Person or Organization \_\_\_\_\_

\_\_\_\_\_ Community Organization \_\_\_\_\_ FLC Organization \_\_\_\_\_ Member of Faith

Address \_\_\_\_\_

Purpose of Grant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are funds for matching grants? \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_



**Mission Endowment Fund Committee**

Date Received \_\_\_\_\_ Reviewed \_\_\_\_\_

Recommendation: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

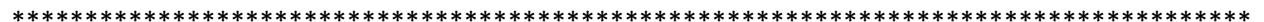


**Faith Lutheran Church Council**

Date Recommendation Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_



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