

ENDOWMENT FUNDS
REQUEST APPLICATION FORM

CONTACT INFORMATION

DATE: _____

APPLICANT NAME: _____

ORGANIZATION: _____

Address: _____

Phone Number: _____

SUMMARY OF REQUEST

Purpose of Requested Funds: _____

See attached

Amount Requested: \$ _____

Are funds needed by a specific date? No Yes _____

Are there other sources of funding being used towards this project/cause/event?

No Yes _____

Is there any additional information you would like to share? _____

* Submit this application to the church office.

* *Attention: Endowment Committee*