

ST. MARK'S LUTHERAN CHURCH FOUNDATION GRANT APPLICATION

Applicant Information
Applicant is <input type="checkbox"/> Individual <input type="checkbox"/> Group
Name of applicant individual or group _____
If group, name of chair or presiding officer _____
Name of contact _____
Phone _____ Email _____
Proposal Information

Please construct a 3-4 sentence summary of the request. Include requestor's project history and mission, and how this request aligns with St. Mark's Lutheran Church Foundation's mission.

Funds are being requested for (check the one or more that best fits your program or project):

- Capital/Building Improvements
 General Fund
 Worship & Music Program
 Christian Education
 Mission-Outreach
 Youth Ministry
 Other

Project dates: _____

Budget	
Dollar amount requested:	\$ _____
Total annual organization budget (copy attached)	\$ _____
Total program or project budget (copy attached)	\$ _____
Authorization	
Name of board chair or presiding officer _____	
Signature _____	Date _____