



ENDOWMENT FUND GRANT APPLICATION

ENGLISH DISTRICT OF THE LUTHERAN CHURCH—MISSOURI SYNOD

Grant applications for the English District of The Lutheran Church—Missouri Synod Endowment Fund must be submitted in writing using this form. Requested information may be included on a separate sheet of paper. Requests will be reviewed by the Endowment Fund Board of Managers and approved by the English District Board of Directors.

The purpose of the English District Endowment Fund is to provide God's People with a unique opportunity to participate in a perpetual fund. This fund shall assist congregations in supporting Campus Ministries, Human Care & Disaster Relief, New Missions, Financial Aid Scholarships, Church Worker Debt Reduction, and Other Ministry.

- For a **Church Worker (Student Loan) Debt Reduction Grant** we ask that you complete an Application for Church Worker Transitional Financial Assistance. This form is available on our District website: www.englishdistrict.org/resources/forms
- For a **Financial Aid Scholarship** we ask that you complete a District Financial Aid Application. This form is available on our District website: www.englishdistrict.org/resources/forms

For all other grants please check the type of grant you are applying for and complete the applicable information requested on this form:

- Campus Ministry
- Human Care & Disaster Relief
- New Mission
- Other Ministry

Date	
Name of Organization	
Address	
City/State/Zip	
Phone	Cell Phone
Contact Person	
Email Address	Phone
Project Title	
Amount Requested	Project Duration
Is the project time sensitive? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what is your deadline date?
When will the funds be required?	
Is this an annual event or expense? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How will future costs of the project be met?	

PROJECT OR NEED SUMMARY

(Please answer all of the questions below, a separate sheet of paper can be used if desired)

a. Outline the purpose or objective of the project/need:

b. Describe the project/need:

c. How many people will be involved in the project/need:

d. How much of the cost of the project/need will the amount requested cover, either dollar amount or percentage:

e. How will this project/need help fulfill the mission of the English District Endowment Fund:

f. Itemize where the funds will be distributed:

g. Any other comments:

PROVISIONS

Please submit your application to the Endowment Fund Board of Managers at:

English District LCMS
Sally L. Naglich, Treasurer
33100 Freedom Road
Farmington, Michigan 48336
248-476-0039 x219
SNaglich@englishdistrict.org

The Executive Staff of the District and the Endowment Fund Board of Managers will review applications, notify applicants whether their request is granted, and disburse applicable funds within three months of receiving applications. If the application is submitted but not completely filled out, it will be denied.

SIGNATURE

I certify that the information I have provided in this application is true and accurate to the best of my knowledge. I agree that if I am awarded a grant from this Endowment program, I will utilize these funds only for the purpose that was outlined in the application that I submitted to the Endowment Fund Board of Managers. I also give the Executive Staff of the English District and the Endowment Fund Board of Managers permission to have the information submitted in this application to be reviewed by the English District Board of Directors, and give permission to the Endowment Fund Board of Managers to publicly acknowledge me as a grant recipient, should a grant be awarded to me and to share the information submitted in publications and other communications of the English District LCMS.

Signature of Pastor

Signature of Congregation Treasurer

Signature of Congregation President

Date