



GRACE MISSION ENDOWMENT FUND
GRANT APPLICATION

Name of Person and/or Organization _____

Position _____

E-mail Address _____

Address _____

Date _____ Phone _____

The purpose of the fund shall be to extend and enhance the mission outreach of Grace Mission Endowment Fund. At the discretion of the Endowment Committee, all, part or none of the net income from the fund may be distributed as deemed appropriate for the following purposes: *(Please check the area(s) for which your request qualifies)*

- Capital improvements of the congregation
- Community and Synod Ministries. For outreach into the community including, but not limited to, synod ministries, social service agencies, institutions and agencies to which this congregation relates.
- National and Global Ministries (Missions of the ELCA at home and overseas)

Applications for Endowment Grants should be submitted to the church office by October 1. Approved grant requests will be distributed in January of the following year.

Amount Requested \$ _____

If funds are needed by a specific date, please specify: _____

Describe the program, geographic area served and how funds will be used: _____

(If additional space is needed please attach a separate sheet to this form.)

IF APPROVED, I/We would be willing to report back to Grace the impact of this grant.

IF APPROVED, check to be made payable to: _____

Check to be sent to: _____

Grace Lutheran Church
 1300 Kishwaukee Valley Road
 Woodstock, IL 60098