

Abiding Savior Lutheran Church Mission Endowment Fund Grant Application

Organization/Name Requesting Funds: _____

Address: _____

City: _____ State: _____ Zip _____

Contact Person: _____ Title: _____

Contact Person Phone: _____ Contact Person E-mail _____

Project Title: _____

Amount Requested \$ _____ Total Project Cost \$ _____

Is this a one time project or ongoing project? _____

Project Dates: from: _____ to _____

How many volunteer hours will go into this project? _____

How does this project fit with the mission of Abiding Savior Lutheran Church?

Please provide a brief summary of the project and how the funds will be used:

Would you like to present your request before the Endowment Committees: ____Yes ____No

Signature

Title

Date

APPLICATION DEADLINE February 28, 2021

Return to: Abiding Savior Lutheran Church Mission Endowment Fund
8211 Red Oak Drive Mounds View, MN 55112
Or e-mail this application to office@abidingsavior.org