

**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? \_\_\_\_\_

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

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

Would you like to present your request before the Endowment Committees: \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_  
Signature Title Date

APPLICATION DEADLINE February 29, 2024

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