**Grant Application Form**

|  |  |
| --- | --- |
| **This is a:** (check one) | |
|  | **Grant Application** |
|  | **Reimbursement Request** (for approved grants) |

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

If this request is not for you personally, who are you specifically requesting for:

(Please list the name of the group, board, society, church, school, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out everything

* **For Grant request:** Please describe the reason for the grant request.
* **For Reimbursement request**: Please attach receipts (or credit card statement) to the back of this form. You don’t need to itemize each receipt – just list by type of event as well as the name of business the receipt is from. (see box for sample)

Sample: **Pastor’s Conference Exp:**

Holiday Inn $75.00

Mileage 208 miles @ $0.56 = $116.48

Big Boy Restaurant $25.00

Total = $216.48

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for Grant (or List Expense for Reimbursement):** | | | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL** |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Provide the following information for grant disbursement purposes if not for applicant:** | | | | | | |  |
| Name of Institution: |  | | | | | |  |
| Attention: |  | | | | | |  |
| Mailing Address: |  | | | | | |  |
| City: |  | | State: |  | Zip: |  |  |
| Account or Special Fund Name: | |  | | | | | |

**Permission to publish:** I hereby grant Trinity Lutheran Church of Onekama permission to publish award recipient’s name and photographs for any lawful purpose associated with the Trinity Lutheran Church Endowment Fund.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Signature: |  | Date: |  |  |
|  | | | |  |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | | | |

**Please return the completed application to:**

**Trinity Lutheran Church Endowment Board, PO Box 119, Onekama, MI 49675**

For Board Use Only:

Approved:\_\_\_\_\_\_\_ Denied:\_\_\_\_\_\_\_ Tabled:\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Updated 3/5/2020