

Pacific Southwest District – Lutheran Women’s Missionary League

MISSION GRANT APPLICATION – FORM TO BE RETURNED

Please place this page on top when returning your application.

A. PROJECT PERSONNEL: Directory of Grant Personnel (Names, Titles and Approvals)

Name of Proposed Grant _____

Amount Requested _____

Submitter Name _____

Address: _____

Phone: _____ E-mail: _____

LWML Member Name (other than submitter): _____

Address _____

Phone Number _____ E-mail: _____

Signature _____ Date: _____

President of LWML Society, Zone or District _____

Phone Number _____ E-mail: _____

Signature _____ Date: _____

Pastor of congregation or Pastoral Counselor of the LWML Zone or District

Pastor: _____ Congregation: _____

Signature _____ Date _____

Grant Administrator _____

Address _____

Phone number _____ E-mail: _____

Signature of Grant Administrator _____ Date _____

Funds to be sent to: _____

Address _____

Phone _____ E-mail: _____

Grant Proposals will be accepted for review only when the required signatures above are provided.

B. BASIC FINANCIAL STATEMENT:

1. Identify the amount of funds requested:

2. Specify why funds are currently needed:

3. Itemize specific (detailed) use of funds.

4. List total amount and source of additional funds for this project:

5. Identify planned source and amount of continued funding for maintenance and support of this project after LWML funding ceases:

C. BASIC PROJECT PLAN: (Be concise)

1. Project's Vision/Mission:

2. Project's Gospel Outreach plans:

D. RESOLUTION: (Be concise, & follow the format of the example above)

WHEREAS: (state the project goal and its Biblical basis)

WHEREAS: (State the need for the project)

WHEREAS: (State further needs if applicable)

WHEREAS: (State amount requested and the purpose for which the funds will be used)

THEREFORE BE IT RESOLVED: (State, in summary terms, the specifics of the resolution)

E. LETTER OF RECOMMENDATION:

1. Provide the names, positions and comments of at least one, and no more than three, people having special knowledge of this project:

2. Attach one letter recommending the PSD LWML fund this project.

F. SUMMARY STATEMENT:

Summarize your request in 50 words or less for inclusion in the Convention Manual, should your project be on the ballot:

Submit completed form to:

Judith Theel
3580 N Wells Street
Kingman, AZ 86409-3044
928-757-2390
E-mail: judie_theel@yahoo.com

Deadline for the application
September 30, 2011