



Divinity Evangelical Lutheran Church

GRANT APPLICATION

Applicant/Organization Name: _____

Address: _____

Telephone: _____

E-mail: _____

Contact Person: _____

(Note – This person may be requested to make oral presentation to the Endowment Committee)

Amount being requested: \$ _____

Disbursement request by the following date: _____

Check payable to: _____

If the grant part of a matching campaign please describe: _____

List other funding sources: _____

Will grant be requested for additional years? ____ How many? ____ Annual Amount: \$ _____

Summarize how the grant will be used, including details and timetables for the expenditure of the grant.
(A detailed description of the project, the organization's mission statement, the project budget and/or the most recent financial statements may be attached.)

How did you become aware of Divinity's Endowment Fund? _____

Grantee agrees to provide a completed report of expenditures to Divinity by the following date: _____

Signature: _____ Date: _____

Instructions: Send the completed form and attachments to: Endowment Committee, Divinity Evangelical Lutheran Church, 1220 Providence Road, Baltimore, MD 21286