



APPLICATION FORM FOR EASTERN DISTRICT LWML GRANT PROPOSAL

Grant Biennium - 2020-2022

Grant Amount Request \$ _____

Name of Church/Organization (grant funds intended for) _____

Address: _____

Contact person responsible for implementing the project, administering funds

Name: _____ Phone # _____ Email _____

LWML representative or LCMS organization responsible for the mission grant proposal and who has special knowledge about the project

Name: _____ Phone # _____ Email _____

Brief Description Explaining Need For Grant: (Attach a complete Description of Purpose as outlined in the LWML Eastern District Mission Grant Guidelines Step II, B)

SIGNATURES: (see LWML Eastern District Mission Grant Guidelines Step III)

LWML Member - Name _____ Signature _____
(if applicable)

Society - Church Name _____ Society President Name _____
(if applicable)

Society President Signature _____

Pastor of Congregation / Zone Counselor - (circle)

Name _____ Signature _____

Zone - Church Name _____ Zone President Name _____

Zone President Signature _____

Email this application and Description of Purpose in PDF to Chairman Cheri Briggs - cbriggs109@yahoo.com and Co-Chairman Julie Tapp - Tapp7309@yahoo.com. Or mail to Cheri Briggs, PO Box 87, Lockport, NY 14095 no later than October 15, 2019