



**APPLICATION FORM FOR EASTERN DISTRICT LWML GRANT PROPOSAL**

Grant Biennium - 2024-2026

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 \_\_\_\_\_ Zone President Name \_\_\_\_\_

Zone President Signature \_\_\_\_\_

Email this application and Description of Purpose in PDF to Chairman Susan Morris - [morrissusan68@gmail.com](mailto:morrissusan68@gmail.com) and Co-Chairman Margaret Klees [margaretklees@gmail.com](mailto:margaretklees@gmail.com). Or mail to Susan Morris, 3301 Hartford Court, Newtown Square, PA 19073 no later than **October 15, 2023**.