

Ascension Lutheran Church Endowment Fund Grant Request

Applicant's Name: _____ Date: _____
Group/Individual

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

Amount Requested: \$ _____ Date Needed: _____ Payee: _____

Name of contact person if questions: _____

How will the funds be utilized: _____

Additional information, explanatory documents, letters of support, etc., may be attached. Return this grant request with any supporting documents to the Ascension Lutheran Church Endowment Fund at the address below. All grant requests for a calendar year must be submitted to the Endowment Committee by December 15 of the prior year. The Endowment Committee will then review all requests and decide on grants based upon the constitutional bylaw requirements and investment earnings available. Grant requests submitted after the December 15 deadline will be reviewed on an individual basis.

Date Approved: _____ Endowment Committee Chairman _____



Ascension Lutheran Church Endowment Fund

2505 North Circle Drive
Colorado Springs, CO 80909
719-634-1694

www.ascension-elca.org/html/endowment/

GOD'S PEOPLE USING GOD'S RESOURCES TO FULFILL GOD'S CALLING