

Lutheran Church of the Resurrection

Endowment Fund Grant Application

(rev. 3/2011)

(Please complete all lines.)

APPLICANT INFORMATION

Name: _____ Today's Date: _____

Street: _____ City: _____ Zip: _____

CONTACT INFORMATION

Name: _____

Street: _____ City: _____ Zip: _____

Telephone: _____ Cell Phone: _____ email: _____

What is your relationship to the Lutheran Church of the Resurrection?

GRANT REQUEST DETAILS:

Please state the purpose(s) for which you are requesting an endowment grant, and how your use of those funds will be related to or will further the mission of the Church and the objectives and purposes of the Endowment Fund. Use additional pages as needed):

In the event that your application is not granted, what other resources do you have available to accomplish the goals stated above?

What is the grant amount (in specific dollars and cents) that you are requesting?

APPLICANT'S CERTIFICATION

*I hereby certify that I have completely read and am familiar with the **Lutheran Church of the Resurrection Endowment Funding Request Guidelines** (rev. 3/2011); that the purpose(s) for which I am requesting this grant is consistent with those guidelines. I agree to fully comply with and to abide by those guidelines, as currently written, or as may be amended or revised from time to time. I further pledge and agree that I will only use any funds awarded to me for the limited purposes stated above ("Grant Request Details") and I will not use any portion of said funds for any other purpose. I agree to return any funds not used for the purposes stated above to the LCR Endowment Fund immediately.*

I acknowledge and agree that the Endowment Committee's consideration of my application and its ultimate decision is entirely discretionary on the part of the Committee and that my application may be denied, in whole or in part, for any reason. I agree to fully comply with and to abide by any conditions or stipulations established by the Committee in connection with its award.

I agree to be solely responsible for any tax consequences resulting from an award of a grant from the Endowment Fund, and I will indemnify and hold the Lutheran Church of the Resurrection, the Church Council, and the Endowment Committee harmless from any and all financial liability arising out of the awarding of this grant to me.

Applicant's Signature: _____

PORTION BELOW FOR CHURCH USE ONLY

Date Application Received: _____

Distributed to Endowment Committee Chairperson: _____

Distributed to Endowment Committee Members: _____

Approved: _____ Date: _____
LCR Endowment Committee Chairperson

Amount Awarded: _____

Method and Schedule for Payment: _____

Conditions (if applicable) _____

Denied: _____ Date: _____
LCR Endowment Committee Chairperson

I hereby certify that this application was reviewed for compliance with the mission goals and strategy of the Lutheran Church of the Resurrection and the Endowment Fund.

LCR Endowment Committee Chairperson _____