



# St. John - Hope Endowment Fund Grant Request

Grant Requested For:  Individual  Ministry Team  Other

Requesting Person or Entity \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Web Site Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

Organization Mission \_\_\_\_\_

How Will Funds Be Used? Attach Additional Sheets if Necessary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested \_\_\_\_\_ Date Needed \_\_\_\_\_

Additional Documentation Attached:  Yes  No

## Submitted By:

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## Endowment Committee Notes

For Board Vote:  Approved  Not Approved Date \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

Date Notification Sent \_\_\_\_\_ By \_\_\_\_\_

Issue Month \_\_\_\_\_ Issue Year \_\_\_\_\_