



Milton Lutheran Church

1125 Mahoning Street, Milton, PA 17847

Phone: 570-742-4601

Website: <https://miltonlutheranchurch.org/>

Gary Schaeffer, Pastor

Endowment Fund Disbursement Request

Applications for grants from the Endowment Fund must be submitted in writing using this form. Additional information may be included on a separate sheet of paper. Requests will be reviewed by the Endowment Committee on a quarterly basis. *Deadlines are: March 1st, June 1st, September 1st, and December 1st*

Our mission is to foster community through faith, love, and service.

Our vision is to embody the love of Jesus. Strive to humbly connect, serve, and welcome all as an authentic community of faith.

Our Core Values are- Faith, Openness, Creativity, Stewardship, and Community

Monies for distribution will be considered for recipients that have qualities which are consistent with the Mission, Vision, and Core Values of the Milton Lutheran Church. According to the supporting documents of the Endowment Fund grants will be considered in the following areas:

1. Children and Youth
2. Matching Funds for existing fundraisers
3. Service Projects
4. Local, National, and International Initiatives
5. Existing church partnerships

PROVISIONS

Please submit your application to the Endowment Fund by leaving it at the church office or mailing it to the following address:

Milton Lutheran Church
c/o Endowment Fund Grant Request
1125 Mahoning Street
Milton, PA 17847

Date of Application: _____ (For Committee Use Only) Application # _____

Name of Organization/Committee/Congregational Member: _____

Contact Person: _____

Email address: _____

Phone Number: _____

Project Title: _____

Amount Requested: _____ Project Duration: _____ Completion Date: _____

Is the project time sensitive? Yes/ No If yes, what is your deadline date? _____

When will the funds be required? _____

Is this an annual event or expense? _____

Will this be a one time or recurring request? _____

How much do you expect to raise? _____ **OR** How much has been raise TD? _____

If approved, who should the check be made payable to? _____

Mailing Address for Check

_____ State _____ Zip _____

Please read and initial the boxes to acknowledge you have read and agree to the terms.

- ☐ I/We certify that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We agree that if awarded money from this program, I/We will utilize these funds only for the purpose that was outlined in the application submitted to the Endowment Committee.
- ☐ I/We also give the Endowment Committee permission to have the information submitted in this application reviewed by the committee members and Church Council and give permission to the Endowment Committee to publicly acknowledge me/my/our committee as a person/group requesting funds.
- ☐ Furthermore, I/We commit to providing a report to the Endowment Committee within 30 days of the project completion confirming how the funds were used and how the funds aided us in accomplishing our goals.

Signature of Applicant(s): _____ **Date:** _____

