

BETHLEHEM EVANGELICAL LUTHERAN CHURCH

REQUEST APPLICATION

(Non-Scholarship)

APPLICATION DATE: _____

Person or Group applying for the grant: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Purpose of the grant, as it relates to the Mission of Bethlehem Evangelical Lutheran Church: _____

How many people will be working to fulfill the project/goal? _____

Grant Request Amount: _____

Is there a deadline needed for the grant approval? Yes No If Yes, date: _____

Will funding be sought from other sources? Yes No If Yes, where? _____

When is the project to be completed? _____

Return your completed application to the BELC Church Office.