St. Michael's Lutheran Church
Grant Application Request Form

CHURCH
3455 S. Van Buren Rd.
Reese, MI 48757

(989) 868-4791

church@stmichaelsrichvile.org

SCHOOL
9444 W. Saginaw Rd.
Reese, MI 48757

(989) 868-4809

smr@stmichaelsrichville.org

CHILD CARE
9444 W. Saginaw Rd.
Reese, MI 48757

(989) 868-3830

Date of Application: _____

Name of organization, group, or individual grant is requested for:

_____

Contact Person of organization, group, or individual where money would be sent:
_____

Address: _____
Phone Number:_____
Email _____

List any previous support provided by St Michael's Endowment Fund to this applicant:
_____
_____

Purpose of Grant: _____
_____
_____
_____
_____

Date of the Project: _____ Total cost of project: _____
Amount requested: _____ Date funds are needed: _____

Signature of person submitting this application: Phone #:
_____ _____

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