



St. Michael's Lutheran

Grant Application Request

CHURCH
3455 S. Van Buren Rd.
Reese, MI 48757
(989) 868-4791

church@stmichaelsrichville.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 Applicant (Organization, group, or individual):

Contact Person: _____
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 applicant _____

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Endowment committee use only

††

▷ Grant Request was approved for the amount of \$ _____

▷ Unable to approve Grant Request

Date of Acceptance or Rejection of Grant Request: _____

Reason for decision: _____

Chairman's Signature

Date of Notification

(retain copy for committee)