



## THE GIVING CIRCLE Grant Application Form

Recommended by (required)

**Date of Application:**

**Funding Request (\$):**

**Category of Ministry** (may include more than one):

- Children / Youth
- Discipleship
- Education
- Evangelism
- Families
- Healthcare
- The Homeless
- Hunger
- Missionaries
- New and Emerging Ministries
- Prisoners and Their Families
- Scholarship

**Name of Organization:**

**Address:**

**Phone:**

**Fax:**

**Executive Director:**

**Phone (Ext.):**

**E-Mail:**

**Primary Contact Person** (if other):

**Phone (Ext.):**

**E-Mail:**

Organization Website

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**Most Current Full Year's  
General Operating Budget:  
Annual Revenue:**

**Name your top three revenue sources in the past 12 months,  
and amount of support from each:**

1. \$
2. \$
3. \$

**Location of project where  
funds will be allocated:  
Starting date of project:  
Completion date of project:  
Project Director:  
Phone:  
E-Mail:**

**Project Director's Qualifications:**

**Are you collaborating on this project, and if so, with whom?**