

# HOLY TRINITY LUTHERAN CHURCH APPLICATION FOR ENDOWMENT FUND REQUEST

## CONTACT INFORMATION

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Organization Name (if applicable): \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Are you a member of Holy Trinity Lutheran Church? (check one)  Yes  No

## GENERAL INFORMATION

Amount requested: \$ \_\_\_\_\_  
What category best describes your request? (check one)  
 Outreach to Local Community  Special Ministries of the Grand Canyon Synod  
 ELCA Church-wide Ministries  Programs, Ministries or Initiatives within the Congregation  
Is a Holy Trinity member associated with this request?  Yes  No  
If so, how?  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, list all members of Holy Trinity involved in this fund request:  
\_\_\_\_\_  
\_\_\_\_\_

## DETAILED INFORMATION OF FUND REQUEST

What is the reason for your request (attach additional information if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

What specific needs will be addressed with the receipt of these funds?  
\_\_\_\_\_  
\_\_\_\_\_

How will the benefits of this request be measured?  
\_\_\_\_\_  
\_\_\_\_\_

How will these funds benefit local, regional, and /or global community?  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information and/or comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Notes:

- Applications may be accompanied by additional support materials
- The Endowment Fund Committee may request receipts and independent verification of information
- All funds must be used as described above or must be returned to the Endowment fund committee.
- Successful applicants must submit a year-end report and provide samples of accomplishments due to funds distribution.
- Completed applications must be sent or delivered to: Holy Trinity Lutheran Church 739 W. Erie Street, Chandler AZ 85225

### OFFICIAL USE ONLY

Approved  Denied Amount Approved \$ \_\_\_\_\_  
Committee Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_

Revised  
3/31/2015