

Good Shepherd Lutheran Church Endowment Fund Grant Application

Name of Applicant: _____ Date: _____

Email: _____ Phone: _____

Previous grants from Good Shepherd Lutheran Endowment Funds: (please list event, year, and amount)

Type of request:

- Reimbursement of Expenses to Applicant
- Reimbursement or Payment of Expenses to an Organization on behalf of Applicant
- Donation to an Organization

Title of Event or Reason for Request: _____

Indicate the grant category of your request:

- Congregation Ministries
- Pacifica Synod Ministries
- ELCA Churchwide and related ministries
- Non-Lutheran charities in the community
- Scholarships to congregation members to attend Seminary, Lutheran Colleges, or church camp

Summary (provide a brief general description of your proposal) Amount requested: \$ _____

On a separate page:

1. Provide a detailed breakdown of the costs that are the subject of this request.
2. Outline your goals and expected benefits of participation.
3. If it is a conference or other organized event, include an agenda or brochure for the event.

Submit application to the Endowment Committee through any of its current members. Contact the church office at (909) 626-2714 or office@egoodshepherd.org for current members and their contact information.

In anticipation of your request being accepted, please provide the following information:

Payee and address for check to be mailed: _____

