



**Endowment Fund**  
**Grant Application Form**  
*(Return application to church office)*

Our Savior's Lutheran Church  
1400 S State St New Ulm, MN 56073  
507-233-4430

[www.oursaviorsnewulm.org](http://www.oursaviorsnewulm.org)

**Applicant's Contact Information**

Full Name:

Address:

Phone Number:

Email Address:

Applicant's Signature:

Date:

**Grant Request Information**

Total Amount Requested:

Project Location:

Describe Your Project:

Application Deadline:

Describe the Need for This Project:

**What Impact Will This Project Have?**

**Who Will Be Involved in Completing This Project?**

**List Other Groups Collaborating With You to Complete This Project:**

**How Will Funds Be Allocated?** (capital expenses; personnel; equipment/supplies; promotion; transportation; etc.)

**Project Time Line and/or Completion Date:**

**Who Would Be Responsible for Completing a Project Summary Report if Application is Successful?**

**Full Name:**

**Address:**

**Phone Number:**

**Email Address:**