

The Lutheran Church of the Holy Spirit  
Endowment/Memorial Program

**Grant/Scholarship Application**

*Applicant, please complete #1-3 only.*

*Persons may send supporting letters of recommendation (youth director, family, sponsors, friends.)*

*You may include other information which may assist the committee in considering your application.*

*Applications need to be submitted at least 45 days before event for which you are requesting grant.*

*Please submit this application to one of our Pastors when items #1-3 are completed.*

*If you have questions or need more information, contact Jane Elliott, AIM 610.967.2220 x 109 or Richard Slimmer, 610.435.8565. All application information is kept strictly confidential.*

1. Requesting Party (*Applicant's Name*) \_\_\_\_\_ Your Age \_\_\_\_\_  
*Your age is required to determine which trust/memorial fund is applicable.*

Application Date \_\_\_\_\_ Date Grant needed \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Zipcode \_\_\_\_\_

2. Amount Requested – \$ \_\_\_\_\_

3. Description of Need and Event –

*a. Describe event you desire to attend.*

*b. Your reason for this request/need.*

*c. How will you benefit by participating in this event?*

**Notice: Grants will be given on the basis of available funds in the calendar year and the Endowment Committee approval.**

**This side for Endowment Committee Use Only.**

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***Committee Actions Worksheet for Grant/Scholarship Application***

*Committee, please circulate to appropriate parties for specific information, each section to be initiated by party providing information, (x) indicates initials needed. Add pages as required.*

4. Pastor verifies that applicant, \_\_\_\_\_, is a member of the Lutheran Church of the Holy Spirit.

\_\_\_\_\_ *Pastor's Signature* \_\_\_\_\_ *Date*

5. Justification / Qualifying Fund – (General, Trust, Memorial)

6. Committee Action - \_\_\_\_\_ *Date* \_\_\_\_\_

7. Funding Assignment / Allocation - \_\_\_\_\_ *Reference No.* \_\_\_\_\_

8. Comm. Authorization for Holy Spirit Treasurer to Issue Checks – yes ( ) / no ( ) \_\_\_\_\_ (x)

9. Documentation of Funds Trail – checks issued by Holy Spirit Treasurer  
To - \_\_\_\_\_ Amount \_\_\_\_\_ Ck No. \_\_\_\_\_ Date Sent \_\_\_\_\_

\* \* \* \* \*

10. Reimbursement from Endowment / Memorial Funds to Holy Spirit  
Treasurer Acknowledgement of Receipt of Funds (X) \_\_\_\_\_ *Date* \_\_\_\_\_  
Grant / Actions Closed (X) \_\_\_\_\_ *Date* \_\_\_\_\_