

The Lutheran Church of the Holy Spirit – Emmaus, PA

Endowment/Memorial Program

GRANT/SCHOLARSHIP APPLICATION

Applicant, please complete #1-3.

Persons may send supporting letters of recommendation (from church staff, family, sponsors, and/or friends). Applicant may include other information which may assist the committee/council in considering the application. Applications should be submitted at least 45 days before the funds are needed. Please submit this application to one of the LCHS Pastors when items #1-3 are completed.

If you have questions or need more information, please contact Mark Casciano (484-695-3570) or the Senior Pastor (610- 967-2220). All application information is kept strictly confidential regarding individuals requesting a grant or scholarship.

1. **Requesting Party** (Applicant's Name): _____

Applicant's Age: _____ (Age is required to determine which trust/memorial fund may be applicable.)

Application Date: _____ Date Grant Needed: _____

E-mail Address of Applicant: _____

Phone: _____

Mailing Address: _____

City/State/Zip Code: _____

2. **Amount Requested (dollars):** _____

3. **Description of Event and Need:**

a. Describe event for which grant/scholarship is requested:

b. Describe the reason for which the application for funding is being requested:

c. If known to applicant, please describe other congregational funding which is being used to support this event:

d. How will the applicant benefit by participating in this event? How will other participants benefit by attending this event?

e. Is there additional information which you believe that the Endowment Committee and/or Congregational Council need to evaluate the application?

NOTE: Grants will be given on the basis of available funds in the calendar year, the recommendation of the Endowment Committee and approval of the Congregation Council.

This page is for Endowment Committee use and funding documentation only.

The Lutheran Church of the Holy Spirit – Emmaus, PA
Endowment/Memorial Program Application Evaluation
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 (e.g., general, trust, memorial)

6. Endowment Committee Action _____

_____ Date _____

7. Funding Assignment/Allocation _____ Ref. No. _____

8. Council Endorsement of Endowment Committee:

Action _____ Date _____

9. Authorization for LCHS Treasurer to Issue Check(s):

(x) Yes _____ No _____ Date _____

10. Documentation of Funding – check(s) issued by LCHS Treasurer:

a. To: _____ Amount _____ Check No. _____ Date _____

b. To: _____ Amount _____ Check No. _____ Date _____

c. To: _____ Amount _____ Check No. _____ Date _____

11. Reimbursement from Endowment/Memorial Funds to Holy Spirit general funds:

Treasurer or Finance Director Acknowledgement of Receipt of Funds:

(x) _____ Date _____

Grant/Scholarship Actions Closed (x) _____ Date _____