St. Michael's Lutheran Church Endowment Fund Committee Grant Application Request Form

CHURCH
3455 S. Van Buren Rd.
PO Box 98
Richville, MI 48758-0098

(989) 868-4791

stmichaelsrichville@gmail.com

SCHOOL
9444 W. Saginaw Rd.
PO Box 185
Richville, MI 48758-0185

(989) 868-4809

smr@stmichaelsrichville.org

CHILD CARE
9444 W. Saginaw Rd.
PO Box 185
Richville, MI 48758-0185

(989) 868-3830

Stmichaelsrichville.com

Date of Application: ____

Name of Applicant (Organization, group, or individual):
____

Contact Person: ____
Address: ____
____
Phone Number:____________________
Email: ____

List any previous support provided by St Michael's Endowment Fund to this applicant:
____
____

Purpose of Grant:____
____
____
____
____

Date of the Project_______________ Total cost of project: ____________________
Amount requested: ______________ Date funds are needed: __________________

Signature of applicant ____

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Endowment committee use only

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- ▷ Grant Request was approved for the amount of $ __________
- ▷ Unable to approve Grant Request

Date of Acceptance or Rejection of Grant Request: ______________________
Reason for decision: ____
____
____
____
____

________________________________ ___________________________
Chairman's Signature Date of Notification

(retain copy for committee)

Rev 02/2012