

APPLICATION FORM REQUEST FOR FUNDS

Endowment Trust Fund

DEADLINE DATES ARE MAY 1 AND NOVEMBER 1

PLEASE FILL OUT THE FOLLOWING

Name:

Phone:

Email:

Address:

Amount requested:

Check should be made out to the following:

Repeat request: Yes No

Matching Fund Request: Yes No

Funds requested for:

- Seminary Student
- Theological Education
- Grant Funds
- Other _____

Please provide a description of how the funds will be used:

Signature _____ Date _____

FOR ENDOWMENT TRUST BOARD USE

Date Received:

Date reviewed:

Approved: Yes No

Recipient was notified of approval/denial

Check #:

Date of Check:

Comments:

TRINITY LUTHERAN
ENDOWMENT



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