St. Philip's Lutheran Church Endowment Fund Grant Request Form

Name: _____Date: _____
Group / Individual

Address: _____Phone: _____ Fax:_____

City: _____State:_____ Zip:_____ Email:_____

Amount Requested: $_____ Payee:_____

Contact Person:_____

How will the requested funds be used? _____

_____

_____

_____

_____

All grant requests for the calendar year must be submitted to the Endowment Fund Committee by April 15th. The Endowment Fund Committee will review all requests and award grants based upon the Endowment Fund Committee bylaws.

Please return this Grant Request Form along with any supporting documentation to St. Philip's Lutheran Church, attention Endowment Fund Committee at the address below.

Endowment Fund Committee Chairperson _____ Date Approved: _____

St. Philip's Lutheran Church
6180 Hwy 65 NE • Fridley, MN 55432-5106
Phone: 763-571-1500 • Fax: 763-572-2292
Email: info@splcmn.org