Blessed Savior Extended Ministry Endowment Fund
Grant Application

Date of Application _____

Individual or Organization _____

Mailing Address _____

Contact Person at Organization_____

Phone/e-mail _____

Amount requested from the Blessed Savior Extended Ministry Endowment Fund _____

Provide the following information. (Attach additional sheets as necessary)

Description of project/Explanation of needs _____

_____

_____

Brief description of Organization _____

_____

_____

Other sources of funding _____

_____

Submit this application to: Blessed Savior Extended Ministry Endowment Fund
15250 W. Cleveland Avenue
New Berlin, WI 53151

Signature_____

NOTE: Only grant applications which support projects and organizations which are not funded through a Blessed Savior budgeted program and are in accordance with Blessed Savior's stated mission will be considered. Requests are evaluated based on their potential for furthering the mission and ministry of Blessed Savior and the Lutheran Church Missouri Synod.