

**Grace Lutheran Church (ELCA) Endowment Fund**  
***Grant Request Form***

(Type or print clearly.)

Date: \_\_\_\_\_

Organization Requesting Grant: \_\_\_\_\_

Check Payable To (If different): \_\_\_\_\_

Contact Person for Organization Requesting Grant: \_\_\_\_\_

Endowment Board Member (Optional) Sponsoring the Request: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Grant Requested (typically no more than \$1,000): \_\_\_\_\_

Describe the proposed use of the grant (attach separate sheet if desired): \_\_\_\_\_

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Return to: Grace Lutheran Church Endowment; 303 Green Bay Rd; Thiensville, WI 53092;  
Fax: 262 242 0009; Phone: 262 242 1174; E-mail: [padmin@grace53092.org](mailto:padmin@grace53092.org)

For office use only:

Date Received: \_\_\_\_\_

Date Acted On: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Date Disbursed: \_\_\_\_\_