

**FIRST IMMANUEL LUTHERAN CHURCH  
ENDOWMENT FUND APPLICATION FORM**

(See Instructions & Information Form for directions, and complete both sides of this form.)

Applicant Name (or Group): \_\_\_\_\_

Contact: \_\_\_\_\_  
NAME SIGNATURE DATE

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

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

Relationship, if any, to First Immanuel congregation: \_\_\_\_\_

Funding Category (check one):

First Immanuel General Endowment Fund (Fund A):

\_\_\_\_\_ Building \_\_\_\_\_ Evangelism \_\_\_\_\_ Social Ministry

Doris Palmblad World Missions Endowment Fund (Fund B): \_\_\_\_\_ World Missions

Estimated Cost: \$ \_\_\_\_\_ Requested Amount: \$ \_\_\_\_\_ By: \_\_\_\_\_  
DATE

Other funding sources? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes," please list: \_\_\_\_\_

If funded, I/we, the applicant, agree to provide a follow-up report within 30 days of completion.

\_\_\_\_\_  
APPLICANT NAME APPLICANT SIGNATURE DATE

FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_ Endowment Committee (EC) Review Date: \_\_\_\_\_

EC Recommendation: \_\_\_\_\_ Approved \_\_\_\_\_ Declined

EC Confirmation of Funding Source (check one): \_\_\_\_\_ Fund A \_\_\_\_\_ Fund B

**Funding Authorization**

\_\_\_\_\_  
ENDOWMENT COMMITTEE MEMBER (NAME) SIGNATURE DATE

Church Council Confirmation of Endowment Committee Action: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
CHURCH COUNCIL MEMBER (NAME) SIGNATURE DATE

## DESCRIPTION OF FUNDING NEEDS

Name of Activity/Project: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Human Resources Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Benefit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How benefit will be measured: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name to be printed on award check: \_\_\_\_\_

Mailing Address for award check: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_