

Bethany Lutheran Church Foundation Grant Request

(Type or print clearly.)

Date: _____

Name of Applicant or Organization Requesting Grant: _____

Phone: _____ Fax: _____

Address: _____ Email: _____

Street

City

State

Zip

Amount of grant requested: _____

Describe proposed use of grant award: _____

Describe matching funds that are expected to be available if a grant is awarded: _____

Describe any additional sources of funding that are expected to be available for proposed use: _____

Is applicant or any member of the requesting organization a member of Bethany Lutheran Church? Yes ____ No ____

[Attach a program description and materials describing the proposed use of the requested grant. Any organization not affiliated with Bethany Lutheran Church must attach a description of the organization's activities and affiliations, a summary of the organization's financial condition and a summary of the organization's sources of funding support.]

Foundation address:

Bethany Lutheran Church
Attn: Bethany Lutheran Church Foundation
4500 East Hampden Avenue
Cherry Hills Village, CO 80113
Phone: 303 758-2820
Fax: 303 758-1980

[Attach additional pages as necessary.]