

GRANT SUMMARY

Grant Title

Amount Requested

Organization Being Helped

Grant Funds Will Impact Lives:

- Inside the United States of America
 Outside the United States of America

Geographic Area of Impact:

(Does the grant affect a city? Country? World?)

Estimated Number of Lives Impacted by this Grant

(A range of numbers is acceptable)

Demographic of Lives Impacted by this Grant

(Does this grant affect a certain age, gender, income-level, nationality, etc.?)

Purpose of Grant Funds:

(i.e. programs, scholarships, training, ministry, specific supplies (100 character limit))

(Can attach additional information and pictures)

Submitter Information

Submitter Type

Valid Values: LWML Member, LWML Local Group, LWML Zone, LCMS Mid-South District, LCMS Organization, LWML Local Group Sponsored Organization

Submitted By Name

Address

Address Line 1

Address Line 2

City, State Zip Code

Phone

Email

Grant Administrator

Grant Administrator Name

Address

Address Line 1

Address Line 2

City, State Zip Code

Phone

Email

Grant Check Should Be Made Payable to:

LWML Local Group Information

LWML Local Group President

LWML Local Group Name

Phone

Email

LWML Zone Information

LWML Zone President Name

LWML Zone

Phone

Email

LCMS Congregation Information

Congregation

Address

Address Line 1

Address Line 2

City, State Zip Code

Pastor Name

Phone

Email