

# LWML Mid-South District Endowment Fund - Grant Request Form

## PART 1 – REQUESTING FUNDS

Requests must be received between January 15 through April 15 in the year of distribution.

**Request Date:** \_\_\_\_\_

**Email form to Mary Pruitt at:** [endowmentfund@midsouthlwml.org](mailto:endowmentfund@midsouthlwml.org)

**OR Mail form to:**

Mary Pruitt  
Committee Chairman LWML MSD Endowment Fund  
PO Box 1645  
Alma, AR 72921

Person and/or Sponsoring Organization making request:

\_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Church and/or LWML Zone \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

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

Recipient email: \_\_\_\_\_ Recipient Phone Number: \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_

**Title of Request:** \_\_\_\_\_

Purpose of Request(refer to instructions to be sure request is in line with the LWML MSD Fund goals)

Attach additional sheet if more space is necessary.  
Attach any documentation that will help us evaluate the request.

Last modified June 2, 2023

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## PART 2 - ACCOUNTING OF PROVIDED FUNDS

**Email form to Mary Pruitt at:** [endowmentfund@midsouthlwml.org](mailto:endowmentfund@midsouthlwml.org)

**OR Mail form to:**

Mary Pruitt  
Committee Chairman LWML MSD Endowment Fund  
PO Box 1645  
Alma, AR 72921

Recipient Name: \_\_\_\_\_

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

Recipient email: \_\_\_\_\_ Recipient Phone Number: \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Title of Request:** \_\_\_\_\_

Type of Cost \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type of Cost \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type of Cost \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type of Cost \_\_\_\_\_ Amount \$ \_\_\_\_\_

Mileage (reimbursed at IRS/per mile, currently \$0.14)

Number of miles (if applicable) \_\_\_\_\_ Amount\$ \_\_\_\_\_

Please include all applicable receipts with form.

**Summary of How the Recipient was Blessed by the Experience** (attach additional sheet if necessary):