

**Spring Garden Lutheran Church
Mission Endowment Fund
Funding Request Form**

The deadlines for requests are January 1st, April 1st, July 1st, and October 1st. These deadlines coincide with the Mission Endowment Fund Committee's quarterly meetings. Allowances will be made for emergency requests.

Requests can be e-mailed to: springgardenchurch@frontiernet.net or mailed via USPS to:

Spring Garden Lutheran Church
PO Box 237
Cannon Falls, MN 55009

Date: _____

Name of Individual/Group/Organization: _____

Name of Contact Person for the Group/Organization: _____

Mailing Address: _____

Telephone: _____ Email: _____

The bylaws of the Mission Endowment Fund in the Constitution of Spring Garden Lutheran Church limit distributions to four main areas. Please select which area covers your request (Check Box):

- 1. For capital improvements, debt reduction, or building program of the Spring Garden Lutheran Church.
- 2. For scholarships or grants to members of the congregation of Spring Garden Lutheran Church for the purpose of attending college, seminary nursing or medical school; for church-related camping or leadership conferences; or other training which enable members of the congregation to grow in Christian faith and service to God's people.
- 3. For outreach into the community, including, but not limited to grants to ELCA colleges, seminaries, social service agencies, institutions and agencies to which the congregation relates, and to special programs designed for people in our parish area who are in spiritual and/or economic need.
- 4. For missions of the Evangelical Lutheran Church in America at home or overseas, including, but not limited to grants to the ELCA for new mission development, professional leadership, educational ministries, global missions and evangelism, TV evangelism, and capital financing.

Why does your request fall into this category?

(Please note that the bylaws also state that annual disbursements from the fund must be distributed evenly between these four areas)

(Continued on back)

Total financial need of the project/program: _____ Amount requested: _____

Funding needed by (date): _____

Please describe your proposed project/program in detail, including its purpose, any organization/planning that is underway, the projected costs, and the short and long-term effects it will have on the people involved. Feel free to attach a separate sheet to this form.