

**ATLANTIC DISTRICT LUTHERAN WOMEN'S MISSIONARY LEAGUE
MISSION GRANT PROPOSAL APPLICATION
2012-2014 Biennium**

TITLE OF MISSION GRANT

1. BRIEF DESCRIPTION OF GRANT (If your grant is selected to be placed on the ballot, we need a brief description of 3 to 4 sentences.)

2. APPROXIMATE AMOUNT OF MONEY NEEDED \$_____ AND HOW THE FUNDS WILL BE USED:

3. NAME, ADDRESS, PHONE NO. & EMAIL OF CONTACT PERSON:

NAME, ADDRESS, PHONE NO. & EMAIL OF ALTERNATE CONTACT PERSON:

4. NAME, ADDRESS, PHONE NO. & EMAIL OF PERSON OR ORGANIZATION CHECK IS TO BE MADE PAYABLE TO AND WHERE CHECK IS TO BE SENT:

5. PERSON/ORGANIZATION SPONSORING THE GRANT _____

(Must be an individual member of an LWML society, a society, Zone, AD Task Force or LCMS.)