

## **MISSION GRANT PROPOSAL APPLICATION 2024-2026**

### 26th Biennium

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| Click or tap here to enter text.  TITLE OF MISSION GRANT  (55 characters maximum, including punctuation and spaces) | | Click or tap here to enter text.  Amount Requested |
| **Information About Submitter** | | |

**Click a check box to indicate your affiliation and complete the requested information.**

**LWML Member:** **Church:** Click or tap here to enter text. **City/State:** Click or tap here to enter text.

**LWML Group:** Click or tap here to enter text. **Church:** Click or tap here to enter text. **City/State:** Click or tap here to enter text.

**LWML Zone:** Click or tap here to enter text. **District:** Click or tap here to enter text.

**LCMS District Task Force:** Click or tap here to enter text. **District:** Click or tap here to enter text.

**LCMS Board:** Click or tap here to enter text.

**LCMS approved organization (Recognized Service Organization):** Click or tap here to enter text.

**Prefix**: Click or tap here to enter text. **First Name:** Click or tap here to enter text. **Last Name:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text. **Telephone Number:** Click or tap here to enter text.

**Street Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text.

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| **Grant Administrator** |

**Prefix:** Click or tap here to enter text. **First Name:** Click or tap here to enter text. **Last Name**: Click or tap here to enter text.

**Email Address:** Click or tap here to enter text. **Telephone Number:** Click or tap here to enter text.

**Address 1 (Organization Name):** Click or tap here to enter text.

**Address 2 (Street Address):** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code**: Click or tap here to enter text.

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| **Mission Grant Payment Information** |

**Check payable to:** Click or tap here to enter text.

**Check mailed to:**

Same as Grant Administrator

If Different, complete information below

**Prefix:** Click or tap here to enter text. **First Name:** Click or tap here to enter text. **Last Name:** Click or tap here to enter text.

**Email Address: Click or tap here to enter text.** **Telephone Number:** Click or tap here to enter text.

**Address 1 (Organization Name): Click or tap here to enter text.**

**Address 2 (Street Address): Click or tap here to enter text.**

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text.

**PROPOSAL**

**Describe the mission project addressing the following in the description:**

* **State the population who will be served through this mission project and the geographic location.**
* **Describe the need(s) of the population.**
* **Explain how meeting the need(s) of the population will facilitate the sharing of Jesus Christ as Lord and Saviour.**
* **Describe how the funds will be used.**

Click or tap here to enter text.

**Provide a Bible reference (ESV) that reflects the mission.**

Click or tap here to enter text.

Save this completed application using the title of your grant, or an abbreviation of it, as the file name and send it as an attachment to [mission@adlwml.org](mailto:mission@adlwml.org). Refer to the Grant Application Guidelines for additional application requirements.