



MISSION GRANT APPLICATION 2022-2024

25th Biennium

TITLE OF MISSION GRANT
(55 characters maximum, including punctuation and spaces)

Amount Requested

Information About Submitter

Check the box to indicate your affiliation and complete the requested information.

LWML Member: Church: _____ City/State: _____

LWML Society: _____ Church: _____ City/State: _____

LWML Zone: _____ District: _____

LCMS District Task Force: _____ District: _____

LCMS Board: _____

LCMS approved organization (Recognized Service Organization):

Prefix: _____ First Name: _____ Last Name: _____

Email Address: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Serve the LORD with gladness! Psalm 100:2 (ESV)

Grant Administrator

Prefix: _____ **First Name:** _____ **Last Name:** _____

Email Address: _____ **Telephone Number:** _____

Name of Organization: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mission Grant Payment Information

Check payable to: _____

Check mailed to:

- Same as Grant Administrator
- If Different, complete information below

Prefix: _____ **First Name:** _____ **Last Name:** _____

Email Address: _____ **Telephone Number:** _____

Name of Organization: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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.**

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