



GUIDELINES FOR SUBMITTING A MISSION GRANT PROPOSAL APPLICATION

Submit your Mission Grant Proposal Application by email and send 3 copies of the application postmarked by
*** **OCTOBER 30, 2025** ***

WHO MAY SUBMIT A MISSION GRANT PROPOSAL APPLICATION?

- An individual LWML member, local group or zone
- An LCMS Board for National or International Mission
- An LCMS approved organization (Recognized Service Organization)
- An LCMS District Task Force

WHAT IS THE LWML AD CRITERIA FOR MISSION GRANTS?

- Be mission in emphasis, extending the ministry of the Word.
- Be current and ready for implementation.
- Be well-documented.
(Page 3 of the Mission Grant Proposal Application provides space for documentation.)
- Must not be for renovations, repair work, or certain equipment.
- Must not necessitate a permanent subsidy from the funds.
- Must not be used to cover deficits or shortages.

WHERE WILL I GET MY IDEAS FOR A MISSION GRANT PROPOSAL?

- Speak to your Pastor about the mission outreach opportunities in your church's neighborhood: children, teens, young adults, seniors, single households, families, people with disabilities, individuals who are homeless or food insecure.
- Consider the ministry needs of LCMS schools to foster faith formation.
- Consider the financial needs of Concordia University System students

As Lutheran Women in Mission, we joyfully proclaim Christ, support missions, and equip women to honor God by serving others.

training for full-time church vocations.

- Consider the financial needs of LCMS Seminary students.
- Consider supporting LCMS Pastors, Deaconesses and Missionaries.
- Consider programs providing health services, mental health services, and/or social services.

WHAT DO I DO ONCE I HAVE AN IDEA FOR A MISSION GRANT PROPOSAL?

- Successfully answer “yes” to the following questions.
- Does it meet all LWML Atlantic District criteria stated above?
- Does the proposal have the support of the Executive or Managing Director of the proposed recipient? (For example: if a congregation, the Pastor; if a school, the Principal.)
- Do you have all the information needed to describe the mission project? See page 3 of the application.
- Do you have 2-3 photographs representing the mission project and will you be able to obtain a signed Photo Release Form?

NOW WHAT DO I DO?

1. Access and complete the Mission Grant Proposal Application online at adlwml.org.
2. Email the completed application, 2-3 photographs, and Photo Release Form by October 30, 2025 to: mission@adlwml.org
3. Make three (3) copies of the completed application form and any documentation that supports your request.
4. Mail the three (3) copies to:
LWML Atlantic District
Redeemer Evangelical Lutheran Church
4360 Rev. Theodore Wittrock Crossing
The Bronx, NY 10466

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WHAT HAPPENS TO MY APPLICATION WHEN IT IS RECEIVED BY THE VICE PRESIDENT OF MISSION OUTREACH?

1. The email submission is dated and checked to make sure the application is complete and that the photographs and Photo Release Forms are included.
2. The copies are distributed to the Mission Grants Committee and reviewed for adherence to the LWML Atlantic District criteria.
3. It is presented to the Executive Committee and the Board of Directors for approval.
4. It is presented to the LWML Atlantic District Pastoral Counselors for approval.
5. It is presented to the LCMS Atlantic District for approval.

After the review and approval process, it is determined whether or not your proposal will be placed on the ballot. You will be notified of the decision.

WHAT DO I DO IF I STILL HAVE QUESTIONS?

Contact Vice President of Mission Outreach at mission@adlwml.org.



MISSION GRANT PROPOSAL APPLICATION 2026-2028
27th Biennium

_____ \$ _____
TITLE OF MISSION GRANT Amount Requested
(55 characters maximum, including punctuation and spaces)

Information About Submitter

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

- ☐ LWML Member: Church: _____ City/State: _____
- ☐ LWML Group: _____ 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: _____

Grant Administrator

Prefix: _____ First Name: _____ Last Name: _____

Email Address: _____ Telephone Number: _____

Address 1 (Organization Name): _____

Address 2 (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: _____

Address 1 (Organization Name): _____

Address 2 (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.

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. Refer to the Grant Application Guidelines for additional application requirements.



PHOTO RELEASE FORM

LUTHERAN WOMEN'S MISSIONARY LEAGUE AUTHORIZATION TO TAKE AND/OR USE PHOTOGRAPHS/VIDEO/TESTIMONIALS WAIVER AND RELEASE FORM

I, _____, hereby grant the Lutheran Women's Missionary League, its directors, officers, employees, agents, and designees (collectively "LWML") non-revocable permission to (a) capture my image and likeness in photographs, videotapes, recordings, or any other media (collectively "Images"), and (b) to document any biographical information, facts, stories, testimonials or other information I disclose to LWML (the "Testimonial"). I acknowledge that LWML will own such Images and Testimonial and further grant the LWML permission to copyright, display, publish, distribute, use, modify, print and reprint such Images and Testimonial in any manner whatsoever related to LWML business. I understand that my photograph(s) and Testimonial may be used in a wide variety of promotional materials including newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications. I also waive any right to royalties or other compensation arising from or related to the use of the Images or Testimonial. I further waive any right to inspect or approve the use of the Images and Testimonial by the LWML prior to its use. I forever release and hold the LWML harmless from any and all liability arising out of the use of the Images or Testimonial in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images or Testimonial, including without limitation, claims for invasion of privacy rights or publicity. I have read and understand the above:

Name (print): _____

Signature: _____

Address: _____

Date: _____ Telephone: _____

Email Address: _____

I hereby certify that I am the parent and/or guardian of _____ a child under the age of 18 years, and I hereby consent that any Images or Testimonial (as defined above) may be used for any purposes set forth in this Authorization and Release above.

Signature of Parent or Guardian: _____

Date: _____

Questions? For more information about the organization's use of photographs in communications materials, please email us at serve@adlwml.org.