FAIRFAX UNITED METHODIST CHURCH

Endowment Grant Application

Name (Individual or Organization)				Date	
Street	Address				_
City			State	Zip Code	_
Phone			-mail Address		
 Total (Cost for Project	Amount Requested			
Durati	on of Project	When are funds needed			
Pleas	e check the box which	best represents your reques	et for funds.		
	Γhe physical plant of tl	ne church			
	Worship, music, educa	tion, outreach or congregati	onal care ministries		
:	school, lay minister tra other training which e Methodist Church.		related training, or lead regation to grow in faitl		
	conference centers, the s related.	eological schools, social serv	vice agencies, or institut	ions to which this congregatio	n
		ion of your project and spec	<u> </u>	· · ·	
		pproved it is the submitter nd organize, carry out and			
Name	of Submitter				
Signature				Date	
Signature of Related Purpose Area or Committee Chair				Date	
	FOR ADMINISTRATIVE	USE ONLY			
	Concurrence		Concurred by		
	Name of Committee or	Purpose Area	Date		