Trinity Evangelical Lutheran Church Lansdale PA

ENDOWMENT FUND APPLICATION

The Endowment Fund of Trinity Evangelical Lutheran Church supports special missions that would not necessarily be funded by the general budget of the Congregation. Members seeking financial assistance for a mission focused project not currently supported by the general budget should complete this application and submit it to the Endowment Committee, Trinity Evangelical Lutheran Church, 1000 W. Main Street, Lansdale PA 19446 or email to Tamera Hatton, thatton@comcast.net, Carol Voicheck, cvoicheck@gmail.com, and Pastor Fritz ffowler@trinitylansdale.com

Prior to submitting a request, applications must be signed by a HUB Staff Director AND a Pastor.

Signed applications need to be received by the 20^{th} of the month to be eligible for discussion at the next meeting.

The approval process takes approximately 4 weeks, please keep this in mind when completing the application as it relates to the date monies must be received by the mission project recipient.

To assist the Endowment Program Committee, (EPC,) in reviewing the request, applicants are encouraged to attend the next regularly scheduled EPC meeting following the submission of their application to answer any committee questions.

PROJECT NAME	
SUBMITTED BY	ON
Printed Requester's Name	Current Date
CONTACT INFO	
Phone number	Email
DATE OF PROJECT	
(Actual or range)	
AMOUNT OF PROJECT \$	AMOUNT REQUESTED \$
TOTAL NUMBER OF PARTICIPANTS	
TOTAL NUMBER OF FARTICIPANTS	

DESCRIBE THE PROJECT AND HOW IT WILL BENEFIT/SUPPORT TRINITY and/or THE LARGER KINGDOM.

HOW WILL YOU REPORT THE PROJECT OUTCOME?

DESCRIBE ANY OTHER FUNDRAISING OR FINANCIAL RESOURCES THAT HAVE BEEN CONSIDERED TO SUPPORT THIS PROJECT, INCLUDE ANY FUNDS PREVIOUSLY COLLECTED.

HAS THIS REQUEST BEEN SUBMITTED AND APPRO	
CHDMITTED DV	YES or NO
SUBMITTED BY Requester's Signature	
REVIEWED BY	:
HUBS: (circle one) Worship, Christian Care, Minist	ry Support, Faith Formation
Fellowship	2 1 1 2 2 2 2 2
Hub liaison needs to be informed, then the Hub liaison	forwards the request to Staff Director for
signatures.	
HUB STAFF DIRECTOR	
HUB STAFF DIRECTOR Printed Name	
Signature	
A.E.A.D.	
LEAD DA STOR	
PASTOR Printed Name	
Signature	
DESIGNATED FUND:	
SCHOLARSHIP GLO	BAL OUTREACH
LOCAL OUTREACH DISC	RETIONARY
SCHOLARSHIP GLO LOCAL OUTREACH DISC CAPITAL IMPROVEMENT	
SHOULD YOUR REQUEST BE APPROVED:	
WHO DOES A CHECK BE MADE PAYABLE TO_	
OR OTHER FORM OF PAYMENT	
TO WHOM SHOULD A CHECK DE CIVEN TO	
TO WHOM SHOULD A CHECK BE GIVEN TO	
FOR COMMITTEE USE ONLY:	
Date reviewed by Endowment Committee	
Committee approval	
Submitted to Finance/Council	
Additional Action, if necessary.	