



## ENDOWMENT FUND REQUEST APPLICATION FORM

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Cause Being Funded: \_\_\_\_\_

Payee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Purpose of Requested Funds: \_\_\_\_\_

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Other documents attached.

Amount Requested: \$ \_\_\_\_\_

Date funds are needed by: \_\_\_\_\_  No specific date.

Are there other sources of funding being used toward this request?  Yes  No

Please provide details: \_\_\_\_\_

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List any other information you feel is applicable: \_\_\_\_\_

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Please submit this form and any other relevant documents by mail or email to:

1655 18<sup>th</sup> Ave E  
Alexandria, MN 56308

OR

frstluth@firstlutheranalexandria.com