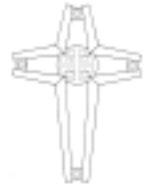


EPIPHANY ENDOWMENT FUND



GRANT APPLICATION

Requesting Organization: _____

Address: _____

Contact Person: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Amount of Request: \$ _____ Date of Request: _____

Category of Request:

Evangelism Outreach Christian Education Special Needs

1. Briefly describe your request for funds including objectives and time table of this project:

2. Describe how this grant will be used to promote the stated mission of The Evangelical Lutheran Church of the Epiphany:

3. Do you have other sources of funds for this project? If so, what?

4. Is this a continuing project? If so, how will it be funded in the future?

Complete this form and return it to:

Endowment Fund Committee
The Evangelical Lutheran Church of the Epiphany
5220 Silas Creek Parkway, NW
Winston-Salem, NC 27106-5598

DO NOT WRITE BELOW THIS LINE

Committee Action: _____ Date _____

Check # _____