

**ST. JOHN'S LUTHERAN CHURCH
OPERATING TRUST FUND
APPLICATION FORM**

Please print or type

NAME or

COMMITTEE _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE NUMBER DAY _____

EVENING _____

AMOUNT REQUESTED _____

DATE NEEDED _____

PURPOSE FOR FUNDS REQUESTED _____

WHAT ARE THE BENEFITS GAINED (i.e. by the community, individuals, religious congregational groups and or services)

ARE THERE OTHER SOURCES OF FUNDS BEING SOUGHT? YES _____ NO _____

IF YES, FROM WHOM AND THE AMOUNT REQUESTED: _____

WHAT ARE THE ALTERNATIVES IF APPLICATION IS DENIED? _____

SIGNATURE: _____

DATE _____

NAME OF CONTACT PERSON IF APPLICATION IS FOR A COMMITTEE _____

Attach additional information to support your request and copies of application to other organizations for funds. Deadline for all applications is October 15.