

**APPLICATION DUE:  
SEPTEMBER 1**

# Beaver Lutheran Church

18207 Route 522, Beavertown, PA 17813



OFFICE USE ONLY

Date Received \_\_\_\_\_

## THE FUND REQUEST APPLICATION

QUALIFICATIONS FOR FUNDING – Any organization or project conducted for charitable, health, welfare and allied purposes including local, state, national and world level programs consistent with the intent of the Gospel of Jesus Christ, may apply to The Fund.

### I. IDENTIFYING DATA

Name of Organization and/or Program: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone: \_\_\_\_\_

Name of Principal Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone: \_\_\_\_\_

Parent or Affiliate Organization – Local, State, National (if appropriate):

\_\_\_\_\_

### II. FUNDING PROPOSAL SUMMARY

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

State specifically how the funds would be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. ESTABLISHED CREDIBILITY

A. When was the organization or program started? (if new, state “new”) \_\_\_\_\_

B. What is unique about this organization and/or program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. State program goals briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. List organization/program’s recent accomplishments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E. Description or qualifications of personnel involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

F. Other principal funding sources and amounts received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IV. PROGRAM DESCRIPTION**

A. What human needs provide reasons for this program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Indicate the sources or evidence used to determine these needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Describe the program with respect to the persons served:

1. Geographic Area: \_\_\_\_\_

2. Eligibility Requirement: \_\_\_\_\_

3. Criteria for Termination of Service: \_\_\_\_\_

\_\_\_\_\_

4. Names of other agencies performing related services within geographical area, if any:

\_\_\_\_\_  
\_\_\_\_\_

D. How is the program evaluated? \_\_\_\_\_

\_\_\_\_\_

**V. ASSESSMENT OF NEED**

A. Specific problem being addressed: \_\_\_\_\_

B. Define how funding will aid in solution to problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VI. ATTACHMENTS** *Please attach the following:*

A. Organization Budget – Current

B. Certification of proof this organization is qualified as non-profit, according to Article 501 of IRS Code (if applicable).

**VIII.** Signature of principal contact: \_\_\_\_\_

Date: \_\_\_\_\_