



FIRST LUTHERAN CHURCH

Sharing Christ's Love

Social Ministry Application for Funds

Name of Organization: _____

Mailing Address: _____

Contact Person (Title): _____

Telephone Number _____

Email Address: _____

1. Amount Requested: _____

2. How will these funds be used by your organization?

3. Describe your organization's impact for the common good.

Amount Approved: _____

Approved by: _____, Social Ministry Date _____

Approved by: _____, Council Date _____