

Nelsonville Evangelical Lutheran Church
Endowment Fund
P. O. Box 116
Nelsonville, WI 54458

ENDOWMENT FUND (EF) GRANT APPLICATION

Due Date: Annually October 1st Date Application Submitted _____

Person submitting the application _____

Email _____ Phone _____

What organization are you submitting this application for?

Name of organization _____

Address _____

_____ Zip Code _____

Contact Person _____

Phone _____

Email _____

Website _____

What will the grant funds be used for? If it is to be applied to more than one project, describe, itemize, and add a budget amount for each.

Total Amount of Funds Requested _____

Are you a 501 (c)3 entity? Yes ___ No ___

If yes, please provide your TIN _____

- * Please attach an additional page for your responses, if needed.
- * If more information is needed, we will be contacting you.

Send to:

**Nelsonville Evangelical Lutheran Church Endowment Fund
P. O. Box 116
Nelsonville, WI 54458**