

St. Thomas Episcopal Church Endowment Fund

Funding Request Application

Date of Request:

Requesting Ministry or Group or Institution:

Contact Person:

Project or Purpose Title:

Amount Requested:

Proposed Date(s) of Use:

1. Description of Purpose and Goals

2. How This Request Supports the Mission of St. Thomas

4. Other Funding Sources

5. Additional Notes If Any

Signature of Requestor:

Date:

For Board of Trustees Use Only

Date Reviewed by Board: _____

Board Action: ☐ Approved ☐ Denied ☐ Deferred

Amount Approved: \$_____

Conditions of Approval (if any):

Signatures of Approving Trustees:

