

**APPLICATION FORM FOR MINNESOTA SOUTH DISTRICT LWML
MISSION GRANTS PROPOSALS**

Name of Project: _____

Brief Description of Project: _____

Dollar Amount Requested: _____ to be used during this time

frame: _____ Project funds must be put into use within two fiscal bienniums, the biennium in which they were voted upon (summer of even numbered years) and the one following. If not used within that time, funds are to be returned to the treasury of the LWML. Available funds will be disbursed over the biennium, quarterly following LWML District board meetings unless otherwise requested.

Project Administrator Name _____

Title _____

Address _____

City _____ State _____ zip code _____

Phone () _____ E-mail _____

Funds will be mailed to: _____

Address _____

City _____ State _____ zip code _____

Phone () _____ E-mail _____

Check payable to: _____

Grant Proposal Submitted by (Name) _____

Title _____

Address _____

City _____ State _____ zip code _____

Phone () _____ E-mail _____

Signature _____

Grant submitted by:

___ LWML member ___ society ___ zone ___ conference ___ LCMS-affiliated organization