

Bethany Lutheran Church of La Porte Foundation, Inc.
APPLICATION FOR FUNDING

NAME OF APPLICANT _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

CONTACT PERSON _____

ADDRESS _____ PHONE _____

FEDERAL ID # _____ TAX EXEMPT STATUS (YES) (NO) TAX EXEMPT # _____

ARE YOU RELATED TO ANY BOARD MEMBER OF THE BETHANY LUTHERAN CHURCH OF LA PORTE FOUNDATION?

AMOUNT BEING REQUESTED _____

FUNDS ARE NEEDED BY _____ CHECK PAYABLE TO _____
(DATE)

THE FOUNDATION'S MISSION

**WE EXIST TO FURTHER THE MISSION OF JESUS CHRIST AND EXTEND THAT MISSION AND MINISTRY THROUGH
BETHANY LUTHERAN CHURCH**

REQUIREMENTS

ALONG WITH A DETAILED ACCOUNT OF OTHER SOURCES OF SUPPORT, PLEASE ATTACH A DESCRIPTION OF YOUR REQUEST AND HOW THIS PROJECT/CAUSE WILL INCORPORATE THE IDEALS OF BETHANY LUTHERAN CHURCH AND THE FOUNDATION'S MISSION.

APPLICATIONS WILL BE JUDGED ON THE INITIAL GUIDELINES OF CHARITY, EDUCATION, RELIGIOUS INTENT, 501 (C) (3) STATUS, AND CONGREGATIONAL MEMBERSHIP. MONIES AWARDED WILL BE BASED ON AVAILABLE FUNDS. IF AN AWARD IS GRANTED, THE FOUNDATION MAY REQUEST A FOLLOW UP LETTER OUTLINING SPECIFIC EXPENDITURES.

GUIDELINES

NO REQUESTS FOR COLLEGE OR UNIVERSITY EDUCATION ARE CONSIDERED BY THE FOUNDATION UNLESS RELATED TO CHURCH OR SEMINARY VOCATIONS.

ALL APPLICATIONS MUST BE RECEIVED 14 DAYS PRIOR TO THE FOUNDATION'S QUARTERLY MEETING. (FOR EXACT MEETING DATES PLEASE CONTACT THE CHURCH OFFICE)

APPLICATIONS MAY BE SUBMITTED VIA EMAIL, US MAIL, OR IN PERSON.

CONTACT

CHURCH OFFICE PHONE: 219-362-3312
CHURCH OFFICE ADDRESS: 102 G STREET, LA PORTE, IN 46350
CHURCH EMAIL: contact@bethanylaporte.org

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