

The Bethany LaPorte



Foundation Indiana

ROOTED IN FAITH
SERVING THE COMMUNITY

Application for Funding

Annual Meeting Dates on The Second Monday of January, April, July, and October.
Applications are due two weeks prior to the meeting date.

Date Applied _____ Amount Requested _____ Funds Need by _____

Legal Name of Applicant (Payable to) _____

Address (No PO Box) _____

Website _____ Email _____

Contact Person and Phone _____

Federal Id _____ Tax Exempt Status (attach copy) ___Yes ___ No

The Foundation's Mission

We exist to further the mission of Jesus Christ and extend that mission and ministry through Bethany Lutheran Church

REQUIREMENTS

Please attach a detailed description of your request and how this project or cause will incorporate the mission ideals of Bethany Lutheran Church and the Bethany Foundation.

Attach a list of board members or responsible organization leadership.

If available attach the two most recent tax returns or annual financial statements. If none, explain.

Applications will be judged on the initial guidelines of charity, education, religious intent, 501(c)3 status, and congregational membership. Monies will be awarded based on available funds.

GUIDELINES

By accepting funds from the Foundation, the applicant agrees that the Foundation may use their name for promoting the Bethany Foundation. Please indicate how the Foundation will be recognized in your organization's publicity.

No requests for college or university education will be considered unless related to church or seminary vocations.

Incomplete applications may be denied or returned. Applications may be submitted via mail, email, or in person.

Bethany Foundation
102 G Street, LaPorte, IN 46350
219-362-3312
contact@bethanylaporte.org

Signature and Title

Date