

TLC MINISTRY FUND GRANT APPLICATION

Trinity Lutheran Church, P.O. Box 168, 6 West Specht St., McClure, PA 17841

QUALIFICATIONS FOR GRANT: Any local, regional, national or international program or project conducted for charitable, health, welfare and allied purposes, with ***the intent of the Gospel of Jesus Christ***,* may apply to the TLC Fund.

Name of Organization and/or Program: _____

Full Address _____

Telephone: _____ Email: _____

Principal Contact Person: _____
(or person filling out this application)

Parent/Affiliate Organization (If appropriate): _____

Amount Requested \$ _____ . **ALL AMOUNTS REQUESTED WILL BE DISBURSED AFTER JANUARY OF THE UPCOMING CALENDAR YEAR.**

In the space below, please state specifically how the requested grant would be used:

Please explain in adequate detail how the problem/need assisted by this grant is in *the intent of the Gospel of Jesus Christ*: **(For grant request to be considered, this section must be answered.)**

This grant will be used in the following geographic area: Local Regional National International

Attachments: Please attach to this form any information or paperwork (e.g., flyers, pamphlets, brochures) which may be helpful in identifying the organization making the request.

Signature of principal contact: _____ Date: _____

Telephone: _____ Email: _____

* Refer to TLC Ministry Fund By-Laws