

## **“Thrivent Choice Fund - Ministry Team” – Funding Request Application**

Date of application: \_\_\_\_\_ Date the funds are needed: \_\_\_\_\_

Date of Ministry Group Leader Meeting when approval is requested: \_\_\_\_\_

Name of applicant (St. John’s member or St. John’s group making request):

\_\_\_\_\_

Contact information for person responsible for application:

Name: \_\_\_\_\_ email address: \_\_\_\_\_

Telephone: (preferred) \_\_\_\_\_ (secondary) \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide a description of the request and purpose for which the funds will be used. Provide sufficient details for those evaluating the request to understand the project or need and be able to make an informed decision. Include how it is aligned with St. John’s mission. Include amount requested. (Attach additional pages as necessary.)

Date the project is to be carried out (start and finish if different): \_\_\_\_\_

For service projects, please estimate of the number of St. John’s members that will be involved. \_\_\_\_\_

Indicate how funding is to be provided.

Church will pay to vender/supplier directly from bill. Attach details \_\_\_\_\_

Church will reimburse for expenses (Receipts must be provided). \_\_\_\_\_

Church will make check for grant directly to the recipient (Provide name, address, and telephone)

\_\_\_\_\_

Indicate if the grant check is to be mailed or presented in person to the recipient. \_\_\_\_\_