



Date Received

**ATLANTIC DISTRICT LUTHERAN WOMEN'S MISSIONARY LEAGUE
MISSION GRANT PROPOSAL APPLICATION
2018-2020 Biennium**

TITLE OF MISSION GRANT

1. BRIEF DESCRIPTION OF GRANT (If your grant is selected to be placed on the ballot, we need a brief description of 3 to 4 sentences.)

2. AMOUNT OF MONEY NEEDED \$_____ AND HOW THE FUNDS WILL BE USED:

**3. NAME, ADDRESS, PHONE NO. & EMAIL
OF CONTACT PERSON:**

**NAME, ADDRESS, PHONE NO. & EMAIL
OF ALTERNATE CONTACT PERSON:**

**4. NAME, ADDRESS, PHONE NO. & EMAIL OF PERSON OR ORGANIZATION CHECK IS TO
BE MADE PAYABLE TO AND WHERE CHECK IS TO BE SENT:**

5. PERSON/ORGANIZATION SPONSORING THE GRANT _____
(Must be an individual member of an LWML society, a society, Zone, AD Task Force or LCMS.)