

**ADVENT** LUTHERAN  
CHURCH **Mission Fund Application**

**Section 1 – Please provide general information about your organization and sponsoring organization.**

a. Organization name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_ Website \_\_\_\_\_

b. Primary contact name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Sponsoring organization's name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_ Website \_\_\_\_\_

c. The amount of funds requested from the Advent Mission Fund during grant year: \$ \_\_\_\_\_

d. Briefly describe your organization's purpose and history.

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e. Has the organization applied for or received a grant from the Advent Mission Fund before? If yes, state the year, purpose and amount. Was the application approved?

f. Please list current board members, key officers and their contact information along with proof of 501(c)(3) status.

g. What is your organization's budget? What are the sources of funding?

h. How did you learn about this fund?



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d. Please describe current programs and past accomplishments relevant to the proposed project.

e. Is your organization or project in need of volunteers? If so, what is your priority need?

f. How will the project's effectiveness be evaluated?

g. List other sources from which you either have received or are seeking funds for the proposed program. If Advent is unable to fund this proposal, what impact will this have on your program?