FAITH LUTHERAN CHURCH FOUNDATION FUND DISBURSEMENT APPLICATION

Name of Applicant and/or Organization:	DATE
Project Name:	
Address:	Phone:
Contact Person:	E-Mail:
Amount Requested: \$	
Purpose of request and how this relates to Fund:	the mission of Faith Lutheran Church Foundation
	:
Other sources of income that will support	this project:
	ne for the project:
	Completion Date:

Please submit application to: Faith Lutheran Church Foundation Fund Committee 837 Chestnut Ave, Hastings, NE 68901